OSEP Continuous Improvement Monitoring – Kansas Self-Assessment – Part C

Introduction

The Individuals with Disabilities Act requires each state to provide early intervention (Part C) and special education (Part B) to children with disabilities, ages birth through 21.
The Kansas Department of Health and Environment (KDHE) was designated in 1987 as the lead agency responsible for implementation of the federal Part C of the Individuals with Disabilities Education Act Amendments of 1997 (IDEA).

As the lead agency, the KDHE is responsible to oversee state and local efforts to provide early intervention services to infants and toddlers with disabilities and their families. Kansas Infant-Toddler Services (ITS) is the term used to describe this system of services.

The U.S. Department of Education Office of Special Education Programs (OSEP) has federal oversight of these services and has designed and initiated a multifaceted process to assess the impact and effectiveness of State and local efforts to provide services according to the federal mandates. This Continuous Improvement Monitoring Process is based on several themes including: continuity, partnership with stakeholders, self-assessment, data-driven, and public process. The stages of the Continuous Improvement Monitoring Process include: state self-assessment, validation planning, validation data collection, reporting to the public, improvement planning and verification and consequences. In March 2002, Kansas was selected to begin this process.

Self-Assessment

The purpose of the self-assessment is to indicate how well Kansas is improving results for children with disabilities. As this was the initial self-assessment for Kansas, it also established a baseline for measurements of progress. Specifically, the self-assessment measures progress toward meeting Kansas' performance goals and indicators and adherence to pertinent federal and state regulations, policies, and procedures. OSEP's Continuous Improvement Monitoring Process Cluster Areas were used as the basis for self-assessment.

The five cluster areas for Part C are as follows:

Cluster Area	Description
General Supervision	Effective general supervision of the implementation of the Individuals with Disabilities Education Act is ensured through the lead agency's development and utilization of mechanisms and activities, in a coordinated system, that results in all eligible infants

	and toddlers and their families having available early intervention services in the natural environments appropriate for the child.
Comprehensive Public Awareness and Child Find	All infants and toddlers with developmental delays, disabilities, and/or who are at-risk are identified, evaluated and referred for services.
Family-Centered Services	Outcomes for infants and toddlers and their families are enhanced by family centered supports and systems of services.
Early Intervention Services in Natural Environments	Eligible infants and toddlers and their families receive early intervention services in natural environments appropriate for the child.
Early Childhood Transition	Transition planning results in needed supports and services, available and provided as appropriate, to a child and the child's family when the child exits Part C.

Steering Committee

In OSEP's monitoring process, each state develops a Steering Committee that has a broad representation from stakeholders in early intervention, special education and general education across the state. In Kansas, Parts C and B developed a joint Steering Committee breaking the group into cluster groups, which would focus on a specific cluster group, and accompanying indicators. Within the Part C cluster groups members represented both Part C and Part B perspectives. Part C and Part B staff jointly planned steering committee membership and meetings and attended all meetings of the Steering Committee. This collaboration ensured a joint effort in shared areas such as Early Childhood Transition. Kansas' Part C Steering Committee. The following list indicates the name of the individual stakeholders as well as their area of focus on the committee:

KDHE OSEP Self Assessment Steering Committee
Cluster Review Team

Cluster: **General Supervision (GS)**
Facilitators: **Caroline Nelson, Vera Lynne Stroup-Rentier, Jamey Kendall**

Sharon Hixson	Chair of State Interagency Coordinating Council Director of Part C program
Ed Henry	Administrator of Community Developmental Disability Organization, Fiscal agent contact for Part C network
Phil Rust	Coordinator of Part C program
Sheila Simmons	Director, Assistive Technology for Kansas
Jim Wise	Audiologist
Jennifer Prince	Parent, Part C site monitoring team member Past member of Federal Interagency Coordinating Council

Cluster: **Public Awareness Cluster (child find)**
Facilitators: **Caroline Nelson, Vera Lynne Stroup-Rentier, Jamey Kendall**

Sharon Hixson	Chair of State Interagency Coordinating Council Director of Part C program
Ed Henry	Administrator of Community Developmental Disability Organization, Fiscal agent contact for Part C network
Phil Rust	Coordinator of Part C program
Sheila Simmons	Director, Assistive Technology for Kansas
Jim Wise	Audiologist
Jennifer Prince	Parent, Part C site monitoring team member Past member of Federal Interagency Coordinating Council

Cluster: **Family Centered Cluster (FC)**
Facilitators: **Peggy Miksch, Joe Porting**

Mark Tremaine	Parent, Part C site monitoring member (team leader)
Ed Young	Director of Child Care Association of Wichita/Headstart
Maria Martinez	Parent, member of State Interagency Coordinating Council
Jennifer Schwartz	Parent, Lawrence Independent Living Resource Center
Lona Foust	Part C Coordinator
Caroline Weinhold	KS Headstart Collaboration
Jennie Heim	Parent, Part C Provider

Cluster: **Transition Cluster (trans)**
Facilitators: **Peggy Miksch, Joe Porting**

Mark Tremaine	Parent, Part C site monitoring member (team leader)
Ed Young	Director of Child Care Association of Wichita/Headstart
Maria Martinez	Parent, member of State Interagency Coordinating Council
Jennifer Schwartz	Parent, Lawrence Independent Living Resource Center
Lona Foust	Part C Coordinator
Caroline Weinhold	KS Headstart Collaboration
Jennie Heim	Parent, Part C Provider

Cluster: **Natural Environments Cluster (NE)**
Facilitators: **Peggy Miksch, Joe Porting**

Mark Tremaine	Parent, Part C site monitoring member (team leader)
Ed Young	Director of Child Care Association of Wichita/Headstart
Maria Martinez	Parent, member of State Interagency Coordinating Council
Jennifer Schwartz	Parent, Lawrence Independent Living Resource Center

Lona Foust	Part C Coordinator
Caroline Weinhold	KS Headstart Collaboration
Jennie Heim	Parent, Part C Provider

An effort was made to develop a committee that represented the demographics and geography of the state. Committee members were selected from all regions of the state both urban and rural, with families representing 36% of the committee and ethnic/cultural groups other than white (i.e. African-American, Hispanic, and Asian) representing 21%.

Cluster Sub-Committees

At the beginning of this process, it was determined that smaller working groups, OSEP self-assessment sub-committees, would collaborate to create a draft to present to the steering committee. Again an effort was made to develop a committee that represented the demographics and geography of the state. At least, one member of each sub-committee served on the steering committee to serve as a liaison. The groups met prior to the first steering committee meeting and in the interim between Steering Committee meetings. Extensive communication was accomplished via meetings, tele-conferences, and e-mail correspondence. The task of these groups was to review indicators for appropriateness in addressing the components of the cluster area and edit as needed. They reviewed available data for each component/indicator to determine if the data: adequately addressed the indicator; was in an acceptable format; was insufficient and if additional data was needed. After the first steering committee meeting, the groups focused on suggestions for change made by the steering committee. The final draft was submitted to the Steering Committee Meeting Oct. 4, 2002.

The sub-committee members included:

General Supervision Cluster

Doug Bowman	State ICC Staff
Carl Hockenburger	Program Manager – Office of Resource Development Office of Social Rehabilitation Services
Kathy Kersenbrock-Ostmeyer	Local Part C Coordinator, Member of National KDEC
Carolyn Nelson	Director, Children's Developmental Services KDHE
Deb Voth	State ICC, Part C local partner
Tracy Wohl	KS Infant-Toddler Services Staff

Public Awareness Cluster

Ginger Gearheart	Local Part C Coordinator
Jamey Kendell	Director, Special Health Services
Zena Kennedy	Local Part C Coordinator
Brenda Kuder	SRS, Medicaid

Family-Centered Cluster and Transition Cluster

Mary Beasley	Local Part C Coordinator
Doug Bowman	State ICC Staff
Marnie Campbell	Kansas State Department of Education – 619 Coordinator
Erin Crapser	Parent
Sharon Hixson	Chair of State Interagency Coordinating Council Director of Part C program

Linda Mitchell	Asst. Professor, Wichita State University
Vera-Lynne Stroup-Rentier	KITS staff (Part C TA)

Natural Environments Cluster

Gwen Bailey	Director of Kansas Child Care Training Opportunities (KCCTO)
Lana Foust	Coordinator, Local Part C Program
Lana Messner	Infant-Toddler Project Coordinator – Kansas Association of Child Care Resource and Referral Agencies
Joe Porting	Kansas Infant-Toddler Services Staff
Vicki Turbiville	Project Co-Coordinator – Kansas University – Part C Monitoring Contract

Consensus and Validation

During the first Steering Committee meeting, the draft created by the sub-committee Group was presented by facilitators whom had worked on the sub-committees. Steering Committee members were then given the opportunity to read the findings for all Part C clusters prior to the meetings. At the meeting members were given the opportunity to provide feedback and suggestions. The group was tasked with creating an initial rating for each cluster component. Before the second Steering Committee Meeting, members were given instructions to spend approximately eight hours reviewing the Part C cluster areas prior to the meeting and to come to the meeting with a rating and comments for each component area. A rubric was provided to assist in this process (see attachment). At the meeting all ratings and comments were shared and the groups worked to reach consensus concerning ratings for cluster components.

Public Forums and Surveys

The Part B and Part C staff worked with the Beach Center on Families and Disability to design the public input sessions. Questions were written to address areas of data needed for the Self-Assessment. These questions were used in the focus groups as well as on a web site for written input. Separate sessions were conducted for parents and providers. A series of meetings were arranged in June and July for parents and Part C providers and another series was arranged in August for Part B providers. One session for Part C administrators was held in conjunction with a Part C coordinator meeting. Locations of these meetings were throughout the State and in locations that were neutral and easy to locate in the community. All information included an 800 number (Make A Difference Information Network) to call for more information concerning the meetings, how to access the web site or to request questions to respond to in writing.

Flyers describing the dates, times, and locations of the public meetings were developed. For the 37 Part C programs around the state, a total of 3,054 flyers were printed and distributed. Administrators were asked to distribute these flyers to parents and staff. In addition, the flyer announcement was included in two newsletters: the KACCRRA (Kansas Association for Child Care Resource and Referral Agencies) newsletter, and the Families Together newsletter. Announcements about the Forums were made at LICC meetings and LICC members urged to attend. The flyer was posted on the Infant-Toddler list serve. Finally, a press release was sent to every media outlet in the state of Kansas through the KDHE public relations office. Two television stations and one radio station advertised the Forum in Topeka, and the meeting was

highlighted in a newspaper in Garden City. Before each scheduled Forum, KDHE called the Part C agencies in the area surrounding the Forum location, to remind the agency of the Forum and to gather an estimate of the numbers expected to attend. In addition, parents, providers, and administrators were invited to submit responses to the self-assessment questions at an on-line website designed for the purpose of gathering comments.

In addition to the public input sessions and input through the web, KDHE gathers parent and provider input on a continual basis. As part of the monitoring process, the Kansas University Center on Developmental Disabilities conducts an annual parent survey. This parent survey/family assessment yields 500+ responses per year. Additionally, Kansas is participating in the National Early Intervention Longitudinal Study (NEILS) and has contracted for the Kansas Early Intervention Longitudinal Study (KEILS) to be completed in conjunction with the NEILS. These studies involve intensive parent input and the results are weighted to represent the entire state.

Process Timeline

February 10, 2000	First general meeting of the Steering Committee with John Copenhaver, MPRRC, presenting an overview of the Federal Monitoring process.
Spring 2000	Committee membership was expanded as recommended. Subcommittee members began to meet independently by cluster areas to gather data.
July 13-14, 2000	**Navigating the Self-Assessment Process** Part C and Part B staff attended and received information from the Self-Assessment Institute - Summer 2000, presented by the Office of Special Education Programs (OSEP), in collaboration with the Regional Resource and Federal Center (RRFC) network and the National Early Childhood Technical Assistance System (NEC*TAS). The meeting was held in Salt Lake City, Utah.
August 17, 2000	Second meeting of the Steering Committee with John Copenhaver providing general information about Steering Committee roles and organization, followed by subcommittee meetings to review data collected to determine what additional information was available and relevant. This meeting included a conference call with Deloris Barber, OSEP contact staff.
November 30, 2000	Third meeting, primarily sub-committee work again.

February-November 2000	Subcommittees continued working independently between these meetings in 2000 by e-mail, telephone and in person. contacts for Kansas's updates were maintained with OSEP staff.
Spring 2001	Kansas was informed that the Federal Monitoring process would be delayed until the 2002-2003 year.
Spring 2001-Spring 2002	Part C subcommittee members continued to work on the clusters by e-mail and telephone.
March 2002	State of Kansas, IDEA, Part C and Part B was notified that Kansas was selected to submit a Self- Assessment by October 18, 2002.
Spring 2002	Sub-committees were notified of timelines. Committees began to meet in person. The Steering Committee membership was contacted to confirm their commitment, and the committee was reviewed and revised to ensure that it was representative of the State.
Spring 2002 –	Part B and Part C participated in conference calls conducted by OSEP throughout the summer on each cluster area. In addition, Part C conducted conference calls with Part C OSEP contact, Kelly Nelson, ranging from weekly to monthly.
Fall 2002 May 2002	Prior to the Steering Committee meeting updated data for cluster areas were sent to Steering Committee members for their review and input. They were provided cluster review questions in the area of data sources, baseline data, data analysis, strengths/concerns, and conclusions.
June 6, 2002	Steering Committee met, manly emphasizing the subcommittee work in critiquing the draft of the self-assessment data by cluster area. Each subcommittee discussed the information provided, reviewed all data, made recommendations for ratings, and gave feedback.

June – September 2002	Sub committees reviewed work of Steering Committee made changes by e-mail and telephone.
June-August 2002	Steering committee members and subcommittee members well as parents, providers, community members, were invited to participate in the public input sessions.
September 2002	The revised self-assessment was mailed to the Steering Committee prior to the final meeting. Members were asked to review the Self- Assessment and independently rate each component. Their ratings were brought to the meeting and addressed through a consensus building process.
October 4, 2002	Final meeting of the Steering Committee to consider the final draft of the self-assessment and results of the public input sessions. Final ratings for each cluster were assigned by Steering Committee cluster groups.
October 18, 2002	Completed Self-Assessment Report sent to OSEP.

General Supervision	
GS.1	Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured through the State's systems for monitoring, and other mechanisms, for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?
GS.1a	Are parents, and eligible youth with disabilities, aware of, and have access to, their right to effective systems for parent and child protections?

Data Sources:

KS Early Intervention Longitudinal Study (KEILS)
Local Early Intervention Networks annual self-assessments
On-site monitoring report summary from program review process
Procedure Manual

Data Analysis:

? The Procedure Manual, Section XIII, outlines the requirements for procedural safeguards for families within the early intervention system. These requirements follow the federal regulations. All local early intervention networks sign contracts each year with KDHE that contains assurances that procedural safeguards will be implemented and followed in the networks.

? "Parent Rights Brochures" are published by KDHE and supplied on request to the local early intervention networks. These brochures were developed in cooperation with Families Together, the KS Parent Training and Information Center. The brochures are written in family-friendly language and are also translated into Spanish.

? LICCs report through their self-assessment surveys the following regarding procedural safeguards: (Self-assessment requirements changed in 00-01 so only those networks receiving an on-site visit needed to complete self-assessment.)

Table 1: LICCs implementation of procedural safeguards

Statement	**99-00 (34/37 reporting)**	**00-01 (11 networks reporting)**	**01-02 (11 networks reporting)**
Procedural safeguards as described in the Procedure Manual are in place in the agencies of our Infant-Toddler Services Network	89%	82%	100%

Parents have access to any records about their child and family	100%	100%	100%
Parents give written, informed consent for initial evaluation, and early intervention services.	100%	100%	100%
Our safeguards include procedures for resolving complaints as described in the Procedure Manual	78%	91%	91%
Parents are given written notice of all proposed changes in any component of early intervention services.	67%	82%	82%
Parents receive written notice a reasonable time ahead of the changes proposed.	44%	73%	73%
Parents are part of the team making decisions regarding changes of service.	78%	82%	100%
Parents give informed consent for the release of information among participating agencies.	100%	100%	100%

? The KEILS asked 289 families if the help provided to them by the early intervention program included understanding legal rights and protections. The following were the results:

Figure 1

Understand legal rights and protections	Percent	N=289
Yes	80.1	
No	6.7	
No and did not need	13.2	

? The on-site visit of the local program review process includes interviews with families and service providers. The "site visitors" ask families and service providers to answer questions regarding their understanding of Part C of I.D.E.A. procedural safeguards. The following "Key Points for Information Gathering During Site Visits" is provided to all site visitors.

?Information on how families are informed of their protections under the law
?Information on whether families know what their rights are under the law
?Information on how families are involved in changes related to their child's program

Families typically report they have received copies and an explanation of their procedural safeguards. Most always respond they would contact their family service coordinator if they had a question or concern about their services, or if they would like to make changes. And according to the family surveys conducted by the networks as part of the local program review process, most families feel their family service coordinator is very helpful to them. (See Component CE.1.a, p. 2).

The area of concern surrounding procedural safeguards most often cited in the summary report from site visits in 2000-01 is the application of the written prior notice requirement. Families

report they are notified of changes. However, during on-site monitoring, documentation of this requirement is not always evident. Interviews with Family Service Coordinator's and other service providers confirm this concern. This also corresponds with the LICC self-assessment reports in this area. The requirement is not being implemented consistently across the state. There also is confusion about the differences in the Part B and C procedural safeguards, especially in networks that have a LEA as the lead agency.

The areas of consent, release of information, access to records and provision of information regarding procedural safeguards is generally being carried out appropriately around the state.

Strengths:

?KEILS reports 80% of families were provided help with understanding their legal rights and protections.

?LICCs report success in the implementation of most areas of procedural safeguards, including consents, releases and access to records and information about procedural safeguards. This also is validated during on-site monitoring visits.

?There is local on-site monitoring that specifically addresses this area with families and service providers.

?Families report during interviews that they have received copies of and been explained their safeguards. The brochures used are in family-friendly language.

Concerns:

?The requirement for written prior notice to families is not being implemented appropriately in most networks across the state.

Conclusions:

The committee believes most families are aware of and have access to their rights concerning the Part C program. Families report they have been provided copies of their procedural safeguards and understand with whom they need to speak when they have questions or concerns. The on-site monitoring visits specifically address procedural safeguards with families and service providers. The implementation of all procedural safeguards, but especially written prior notice, by all personnel, needs to be improved across the state. This will be addressed in the next year through the improvement plan.

Rating: Overall Cluster Rating = Strength

Indicator Rating:

[x] Strength [ ] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

The steering committee would like it noted that considerable discussion ensued on whether the monitoring and compliance protection methods could be or should be rated as a "strength". The current system obviously meets the legal requirements, but the system is largely untested. Some participants noted that the parents had approached them with concerns yet the state system reports only rare uses of mediation or due process. The concern of some of the steering committee members was that the system might not actually connect with the individuals it is supposed to serve. There were five votes for "strength" and four votes for "meets requirement".

General Supervision	
GS.1	Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured through the State's systems for monitoring, and other mechanisms, for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?
GS.1b	Is the provision of EIS and FAPE to children with disabilities advanced by the timely resolution of complaints, mediations, due process hearing, and methods for ensuring compliance that correct identified deficiencies?

Data Sources:

Procedure Manual
Local early intervention network Semi-annual Reports (SAR)
Local Early Intervention Networks annual self-assessments
Annual grant applications

Data Analysis:

? To date, there have been no formal complaints, that have progressed to mediation or due process, registered with KDHE regarding delivery of Part C services. The local early intervention networks report parent complaints through their SARs. These complaints were made by phone or in face-to-face discussions with local service providers. Currently, all concerns have been resolved at a local level. State staff members monitor this information to assure accuracy in the results and provide follow-up information to the respective network if it appears there is an inaccurate resolution of the concern.

KDHE does receive calls directly from family members with concerns. Staff members document the call and contact the respective local early intervention network for further information. Follow-up is conducted with both family and network until the family concern is resolved. Families are informed at both the local and state level of their due process options and the services of Families Together (KS PTI).

Approximately 30 families lodged informal complaints with the local early intervention networks or the KDHE. There were no requests for mediation or due process. The following categories characterize the types of complaints that were made in SFY 01.

Table 2: SFY01 Complaint Categories

Area of Concern	Number	Percentage
Service frequency/intensity	6	20%
Service location	2	7%
Service type	1	3%
Choice of service provider	3	10%
Natural Environments	3	10%
Gap in service due to provider move/absence	2	7%
Provider scheduling	5	17%
Provider interaction with family (siblings/parents)	5	17%
Need for additional resources/funding	2	7%
Questions regarding provision of funding for service	1	3%
Total	**30**	**100%**

The following are some examples of parent calls received by KDHE and the resolution of the concerns.

?KDHE received a call from a mother who was concerned her child was not receiving appropriate vision services. A state staff member investigated the concern with the local early intervention network. Specialized vision services were needed by the child and not easily accessible in this rural network. The State staff member assisted the network coordinator with locating and coordinating the service. The child received the appropriate services. The family member became the chairperson of the LICC at a later date.

?Several calls have been received by KDHE from parents who wish to have Applied Behavioral Analysis therapy provided for their child who has recently been diagnosed with autism. These calls are from around the state, not just one specific network or area. State staff members investigate the concerns with the local early intervention networks. Technical assistance is provided to local networks in accessing funding and personnel resources to help meet the needs of these children and families identified on the IFSP. This assistance also helps the network to meet the future needs of children identified with autism.

?A mother called KDHE and was concerned about the quality of the services her child was receiving, both through an Early Childhood Special Education Teacher and the Family Service Coordinator. A KDHE staff member put her in direct contact with the Director of the lead agency for the local early intervention network and her concerns were addressed. The child's IFSP was revised, a new Family Service Coordinator and Early Childhood Special Education Teacher were assigned.

?A family phoned KDHE because there was a change in their child's service delivery model. The lead agency for the local early intervention network, serves a multi-county, rural area, and because of budget constraints, required families who resided in a certain county, to

travel to another county to receive their services. This family believed this was inconvenient and inappropriate. State staff investigated and held meetings with the lead agency and the LICC to resolve this issue. Services were resumed in the child's home county.

? Local early intervention networks report through their annual self-assessments they do follow the requirements for procedure safeguards as outlined in the Procedure Manual. (See GS.1a., p. 1)

? Local early intervention networks submit an annual funding application to KDHE. The application contains an assurance page (see Appendix) that must be signed by the LICC chairperson, and the representatives of both the lead and fiscal agent of the network. The assurances page contains statements pertaining to the required components of I.D.E.A such as child find, evaluation and eligibility, service coordination, personnel and the provision of appropriate services through the IFSP process. State staff members review these applications before final approval is given for a contract. To date, there have been no networks that have not signed the assurances.

Strengths:

? Parent concerns are monitored through SARs, contacts directly to KDHE and on-site monitoring.

?Local early intervention network personnel manage many family concerns and complaints without assistance from KDHE.

?KDHE staff members respond and follow-up to all communications from family members with concerns about the service delivery system.

Concerns:

?

Conclusions:

The committee believes the provision of early intervention services are advanced by the timely resolution of concerns and deficiencies. Systemic check-points are built into the administration of the contracts with the early intervention networks to identify and assist with parent concerns and complaints. This has been successful in resolving these matters.

Rating: Overall Cluster Rating = Strength

Indicator Rating:

[x] Strength [ ] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

* The steering committee would like it noted that considerable discussion ensued on whether the monitoring and compliance protection methods could be or should be rated as a “strength”. The current system obviously meets the legal requirements, but the system is largely untested. Some participants noted that the parents had approached them with concerns yet the state system reports only rare uses of mediation or due process. The concern of some of the steering committee members was that the system might not actually connect with the individuals it is supposed to serve. There were five votes for “strength” and four votes for “meets requirement”.

General Supervision	
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GS.1c	Are systemic issues identified and remediated through the analysis of finding from complaint investigations, due process hearings and information and data collected from all available sources?

Data Sources:

Local early intervention networks Semi-annual Reports (SAR)
Local early intervention self-assessment and on-site monitoring reports
Procedure Manual
Grant and contract requirements

Data Analysis:

? An extensive program review system was developed and is administered through staff at KDHE. This includes the following:

? Annual grant application and contract assurances. The annual grant application from the local early intervention networks must include a description of how the sixteen required Part C services will be provided in their network. The contract includes assurances signed by the lead and fiscal agent and the LICC chairperson that all services will be provided according to I.D.E.A. and applicable state regulations, policies and procedures. Adherence to the application and contract assurances are monitored by KDHE staff through review of the SARs, on-site monitoring, and parent and provider reports and complaints.

? Local early intervention network annual self-assessment (includes on-site visit once every 3 years). This process provides a review of 12-13 networks/year. Included with the LICC self-assessment, is a family and agency survey. (Prior to 1999, all networks were required to complete the self-assessment. Since that time, only those networks that will receive an on-site visit are required to complete the self-assessment provided through the KDHE program evaluation process. All networks are encouraged to complete some kind of self-assessment project that meets local planning needs every year). The results of these surveys, the LICC self-assessment, recent SAR data, and federal and state data are included in the report developed by the site visit team. The areas of Community Collaboration, Self-evaluation, Child Find, Assessment/Evaluation/Eligibility, Procedural Safeguards, IFSP, Service Delivery, Transition,

Fiscal, and Personnel are all components of the on-site review. The results of these local program reviews include the development of a plan of improvement. This plan is developed within 30 days of the final State report back to the network. The time lines for completion of the improvement plan are negotiated as part of the plan. KDHE staff assist with the coordination of training and technical assistance needs identified to assure progress is being made to correct deficiencies or improve service delivery. Networks report progress on their most recent improvement plan in their annual grant application. This model of local program evaluation does identify and remediate issues in a timely manner related to I.D.E.A. compliance.

? Semi-annual reports (SARs). These reports are submitted twice a year to KDHE. These reports track the number and sources of referrals, referral and IFSP development time lines, numbers of children being evaluated and served, parent complaints, child find and public awareness activities, self-evaluation efforts, staff training, and LICC activities. A sample of IFSPs are provided once a year. These reports are reviewed by State staff and the data is also aggregated. Staff provide feedback to the local early intervention networks concerning their report. Further information or clarification is sometimes requested. Technical assistance may be recommended and provided. The aggregate data and past SAR comments are used each time during the staff review.

Findings are discussed at staff meetings. Issues that are identified in several networks through SARs or on-site monitoring reports, are discussed and further validation is sought. Training and technical assistance needs are identified and provided through the state TA contract or through other methods as appropriate.

? Other data collection and analysis (federal data tables). The local early intervention networks are required to provide data to complete the Federal Data Reports. These reports are submitted according to federal guidelines. The data is analyzed both on an individual network basis and in aggregate. During on-site visits, this data is provided to the site visitors for inclusion in their findings.

? Accountability guidelines. These guidelines were developed directly by the local Part C Coordinator's to provide guidance to KDHE when an issue was identified regarding service delivery, through any of the above methods. The goal of the guidelines as stated is "…to assure the provision of appropriate services to children in the community". The guidelines are implemented by KDHE. (See Appendix).

There are several steps in the accountability process. It begins with informal discussions with State staff and the Part C Coordinator and moves through documentation of the concern to the chair person of the LICC, an on-site visit by a team of advisors to provide technical assistance. Under advisement from this team, several consequences to the network may include: news releases to community regarding non-compliance; opportunity for a public meeting; assignment of "interim" providers or network coordinators; recoupment of materials, withholding grant funds; provisional contract and dissolution of contract.

KDHE has, in the past, implemented the first three steps of this procedure. As a result, there have been changes made to the administration of local early intervention networks, and

training and technical assistance provided to assist with changes. There has not been a need to implement consequences.

The utilization of these program review activities provides KDHE with a comprehensive account of the local service delivery system.

Corrections of individual network deficiencies that are uncovered through any of the above processes are implemented in a timely manner. Training and technical assistance opportunities are identified and implemented according to the results of the above reviews. Progress is monitored through the SARs and on-site visits.

? The above information collected through the monitoring procedures is used to effect systems change. Several state-wide training and technical initiatives have been implemented as a result of monitoring activities. Examples of this include the following:

? Transition. The issue of transition, especially for children with summer birthdays and funding arrangements was identified as a training need several years ago. In response, state-wide trainings regarding transitions from Part C to Part B were carried out from April 1998 through September 1999. These trainings were jointly developed through the KDHE, KSDE, CCECDS, and KITS. The three major goals of this effort were to: provide a resource manual; formation of regional support teams who would act as a resource for their community and support other local teams who needed assistance; and the provision of joint team trainings at the local level. Participants in the trainings included Part B and C administrators and service providers, family members and other related community agencies. (Please see CT.1a - p.3, for complete details and results of training).

? Natural Environments. The reauthorization of I.D.E.A in 1997 strengthened the requirements for services to be delivered in natural environments. In response, KDHE staff developed and distributed a Technical Assistance Bulletin to assist networks in implementing the delivery of services in natural environments. Networks with higher percentages of children being served in settings that were specifically designed for children with disabilities were identified from the Federal data reports, SARs and on-site visits. These networks were targeted for technical assistance and training in provision of services in natural environments.

Four networks currently have technical assistance plans with the TA provider. One network received short-term consultation and another network was provided assistance through KDHE staff. These networks have changed their service delivery model to provide services in natural environments.

? Services to children with autism. Several calls over the last three years have been from parents, with children who have been diagnosed with autism, requesting Applied Behavioral Analysis training for their children and in one instance, payment for nutritional evaluations to determine if there were allergies which could influence the child's condition. In addition, KDHE received requests from the local early intervention networks for training and technical assistance regarding the provision of appropriate services to children with autism.

KDHE responded with a series regional trainings regarding services to autism presented by professionals from the Kansas University Medical Center, Developmental Disabilities Center, to address evaluation, diagnosis and treatment. State and national resources were provided to participants. Downlinks to satellite training provided by NEC*TAS also were provided statewide. This is in addition to the technical assistance provided by KDHE staff. (See GS1.b, p. 2).

? Assessment of all areas of development during initial evaluations. Results from local early intervention network self-assessments and on-site visits indicate the areas of hearing, vision and nutrition are not always assessed during the initial evaluation. This has resulted in several actions to reduce this concern, which include: the development of a nutritional screening checklist developed by state WIC nutritionists for use by early intervention providers and regional trainings regarding it's use; State lead agency support for training of early intervention providers to certify them as qualified to conduct hearing, vision, and Denver II screenings; implementation of universal newborn hearing screening and referral procedures to Part C; State lead agency purchase of photo screeners as a pilot project for local early intervention networks to work in conjunction with local optometrists or ophthalmologists in vision screening. This project has been expanded to work with local Lion's Clubs in the purchase and support of the photo screener's use in the communities; regional training and technical assistance about state-of-the-art techniques for vision screening for infants and toddlers through a project at the Kansas University Center for Developmental Disabilities (formerly KUAP); continued monitoring of this concern during on-site program reviews and technical assistance provided if needed.

?Other systemic issues that have been recently identified include eligibility determinations and procedural safeguards for written prior notice. These issues will be addressed in the improvement strategies.

? Corrections to State policy and procedure guidelines also are made if needed as a result of the above. The Procedure Manual is in the process of revisions at this time.

? Complaint investigations and the decisions surrounding them which lead to corrective actions are conducted in a timely manner. To date, no written complaints have been received, but phone calls are logged and tracked to monitor timeliness and outcomes. (See GS.1b, pp1-2.) This data is used during on-site monitoring and SAR reviews.

Strengths:

? There is an extensive program review process that is coordinated at the State level and includes a variety of data and validation sources.

?Systemic issues have been identified and addressed as a result of this program review process.

Concerns:

?

Conclusions:

The committee believes systemic issues are being identified and remediated through the KS Part C program review process. There have been several state-wide initiatives implemented because of this surveillance.

Rating: Overall Cluster Rating = Strength

Indicator Rating:

[x] Strength [ ] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

* The steering committee would like it noted that considerable discussion ensued on whether the monitoring and compliance protection methods could be or should be rated as a “strength”. The current system obviously meets the legal requirements, but the system is largely untested. Some participants noted that the parents had approached them with concerns yet the state system reports only rare uses of mediation or due process. The concern of some of the steering committee members was that the system might not actually connect with the individuals it is supposed to serve. There were five votes for “strength” and four votes for “meets requirement”.

General Supervision	
GS.2	Are appropriate and timely services ensured through interagency coordination and assignment of fiscal responsibility?
GS.2a	Are efforts for child find, evaluation and provision of services, coordinated through interagency agreements and other mechanisms?

Data Sources:

KS Dept. of Health and Environment (KDHE)/KS State Dept. of Education (KSDE)/KS Dept. of Social and Rehabilitation Services (SRS) interagency agreements.
Region VII HHS Administration for Children and Families, KS Head Start Association, Kansas University Medical Center/Disability Services Quality Improvement Center, KSDE, KDHE, SRS interagency agreement.
Coordinating Council for Early Childhood Developmental Services interagency agreement.

Data Analysis:

? KDHE, as the lead agency for Part C of I.D.E.A., has participated in the development of several interagency agreements for the implementation of this program in KS. These include:

? "Cooperative Agreement Between the KS Department of Health and Environment and the KS Department of Social and Rehabilitation Services."

This agreement, which was updated in March 2002, provides for the collaboration of the major health programs of KDHE with the agency responsible for Medicaid and other social service programs, SRS. Infant-Toddler Services is one of the programs specifically cited in the agreement.

The Part C components of child find, interagency collaboration at the local level, shared training and continuing education, and use of Medicaid as a source of funding for services are addressed in this agreement.

In addition to this agreement, KDHE and SRS worked cooperatively on developing a Medicaid reimbursement system for the local early intervention networks. This resulted in increased availability of Medicaid funds for Part C services. KDHE and SRS worked jointly on policy and procedures and guidance to local early intervention networks on the implementation of this system.

? "Interagency Agreement Among KS Department of Health and Environment, KS State Department of Education and KS Department of Social and Rehabilitation Services for the Implementation of Public Law 99-457." Currently, efforts to update this agreement are in progress.

This agreement details mutual objectives by the agencies in the attainment of the goal of implementing a statewide, comprehensive, multidisciplinary, interagency service system. These objectives include the support at both the state and local level of the following components: screenings; refer and provision of evaluations; provision of case management activities; participation in IFSP meetings; provide appropriate and necessary services; establish and support a shared interagency data base system; share support of training activities and programs; to supply data to KDHE; to provide information to the central Directory; to provide technical assistance to LICCs; to include parents as active participants in program development and service provision.

? "Memorandum of Understanding: KDHE, KSDE, SRS" continuing the established structure to support an interagency information/resource service for persons with disabilities to provide toll-free telephone access to information on health, social service and education services and resources available from public supported programs and special grant projects. This toll-free number is the Central Directory for Part C in KS.

?"Memorandum of Understanding – KDHE and KSDE" – to clarify procedures to ensure smooth transitions of children between Part C and Part B of I.D.E.A.

This agreement details the requirements for transitions as established by Part C and B of I.D.E.A., use of current Part C evaluation information in the determination of Part B eligibility, financial responsibilities, and dispute resolution procedures.

In addition, it addresses child find by ensuring KDHE and KSDE will work cooperative in the effort to ensure all children with disabilities residing in the state, ages birth through 21, are located, identified and evaluated.

? "Interagency Agreement with Region VII HHS, Administration of Children and Families, KS Head Start Association, Kansas University Medical Center/Disability Services Quality Improvement Center; KSDE, KDHE, and SRS." The purpose of this agreement is to strengthen the support for children (birth through age 5) with disabilities and their families by clarifying how early childhood education providers can work together. The agreement details "Core Areas for Partnerships" for early childhood education programs including: a) child find, screening, and referral; b) comprehensive evaluation; c) Individualized Family Service Plan, Individualized Education Program or Individualized Health Care Plan; d) Placement; e) confidentiality; f) transition.

This agreement was signed in early 1998 by all the agency Administrators and Directors.

? The KS Coordinating Council for Early Childhood Developmental Services (CCECDS) is the designated State Interagency Coordinating Council. The role of the CCECDS is to advise and assist the lead agency in carrying out Part C of I.D.E.A. In KS, the CCECDS also is the advisory

Council to the KS Dept. of Education, Part B 619, special education services for children 3-5 years old.

The CCECDS provides assistance with the development of interagency agreements, policies, procedures, coordinated services and training and technical assistance in the delivery of early intervention services. This includes other early childhood programs such as Head Start, Early Head Start, Child Care and social services within the auspices of SRS, such as foster care and adoption. The CCECDS also provides legislative advocacy for systems change and support. The Coordinator of the CCECDS is available to provide technical assistance to the state agencies and the LICCs in their efforts to coordinate early childhood services. The CCECDS completes a strategic planning process each year to direct its activities.

? The implementation of these interagency agreements is assured through the participation of the state Part C and other KDHE staff, the CCECDS Coordinator and members on various state level task forces and work groups surrounding early childhood issues. Examples of such interagency committee work include School Readiness, Child Care Licensing, Head Start Collaboration Project, Assistive Technology Advisory Board, Child Care Resource and Referral, HealthWave (Title XXI), etc. In addition, the Coordinator of the CCECDS is employed independently by the CCECDS, and can advocate and educate from a position of neutrality for the needs of families with children with disabilities in KS.

Strengths:

?There are five state level interagency agreements addressing the implementation of Part C of I.D.E.A. These agreements provide support and direction to the local early intervention networks in the provision of services. Three of these agreements have recently been updated.

?The Coordinating Council on Early Childhood Developmental Services is a birth to five Council and assists with the coordination and collaboration of all early childhood developmental services. The annual strategic planning process, with input from all members, is a useful tool for identifying concerns and strategies to address them.

?The implementation of the interagency agreements is assured through strong participation of state staff and CCECDS members on a variety of state task forces and committees surrounding early childhood issues.

Concerns:

?The interagency agreement with KDHE, KSDE, and SRS regarding the direct implementation of Part C of I.D.E.A. needs to be updated.

Conclusions:

The committee believes the interagency mechanisms are in place in KS to coordinate child find, evaluations and provision of services. State staff and the CCECDS provide strong leadership and technical assistance at the state and local level to promote interagency collaboration and

planning for early intervention services. The Part C of I.D.E.A. implementation interagency agreement needs to be reviewed and updated. This will take place in the next year.

Rating: Overall Cluster Rating = Strength

Indicator Rating:

[x] Strength [ ] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

General Supervision	
GS.2	Are appropriate and timely services ensured through interagency coordination and assignment of fiscal responsibility?
GS.2.b	Does the Lead Agency develop and implement coordinated service systems to minimize duplication and ensure effective services delivery?

Data Sources:

KS Regulations (K.A.R)
Procedure Manual
LICC self-assessments from program review process
Growing Together IV

Data Analysis:

? The service delivery system in KS is implemented through 37 local early intervention networks. The networks have contracts with KDHE to deliver Part C services according to federal law and state regulations and policies. In addition, these networks are required to have a Local Interagency Coordinating Council (LICC) for their catchment area, which is self-defined by the LICCs. Several of the networks are represented by more than one LICC, due to the large geographic areas of their networks. (There are 51 LICCs and 37 local early intervention networks). These networks are provided guidance through state regulations and the Procedure Manual in all aspects of service delivery and the development of interagency collaborative activities and agreements. In addition, the State level interagency agreements mentioned in GS.1a, provide support to the local efforts.

The stipulated conditions contained in the contracts are monitored by state staff to assure network compliance. This is accomplished through the submission of semi-annual reports of their activities agreed to in the contracts. They also report quarterly through affidavits of expenditures, the expenses incurred for service delivery that are funded through the contract with KDHE. The expenditures must be consistent with the approved annual budget that is part of the contract. If there are major modifications requested to the budget, approval must be given by the state Part C Coordinator.

In addition, on-site monitoring takes place for each network once every three years. (See GS1.c) This monitoring includes a fiscal review of the following:

? A comparison of budget from contract and quarterly affidavits of expenditures.

?Spot check of documentation for expenditures

?Sampling of time records of employees

?Review of contracts with other agencies

?Review agency wide audit on file

? Review of use of multiple funding sources

Findings from this review are reported at the exit interview and contained in the final report regarding the on-site monitoring visit. Issues identified from this review are addressed in the network's improvement plan, just as any other component of the system is addressed.

K.A.R. 28-4-565 states – "Each community shall have a local interagency coordinating council that has as one of its purposes the coordination of early intervention services for infants and toddlers with disabilities and their families.

Each community, in collaboration with its local ICC, shall develop a plan describing the system for coordinating early intervention services. The plan shall include the following:

1) identification of a local lead agency
2) identification of a local fiscal agency
3) a description of the child find plan, including assurance that child find activities are available at least monthly;
4) a description of identified community needs and resources;
5) a description of written interagency agreements or memoranda of understanding, and how those agreements are used in the development of IFSPs for eligible children and families;
6) a public awareness program that informs community members about child find activities, the central point of contact, and the availability of early intervention services;
7) a provision that the services shall be at no cost to eligible infants and toddlers and their families;
8) an assurance that information regarding the community plan is available in the community.

Each community shall be required to utilize multiple funding sources for early intervention services for children with disabilities from birth through age two and their families."

The Procedure Manual, Section II-3 states… "Interagency agreements, which reflect a spirit of cooperation and collaboration should be established at the State and local levels."

? LICCs report each year through their self-assessments (as part of the program review process) on their interagency agreements.

Table 2: LICC Reports on Interagency Agreements

Statement	99-00 (12	00-01 (11	01-02 (11

	networks reporting)	networks reporting)	networks reporting)
Written agreements addressing the availability of early intervention services for infants and toddlers with disabilities and their families exist among all appropriate agencies in on our LICC.	22%	27% (success) 55% (in progress)	82% (success) 18% (in progress)
These agreements address the following:			
Child find	56%	56%	90%
Service delivery	56%	78%	90%
Evaluation of children	44%	56%	90%
Transition	44%	67%	90%
Public awareness	56%	67%	45%
Fiscal responsibility	33%	56%	55%
Data collection	33%	44%	45%
Family-centered care	N/A	04%	55%

The increase in the % of networks with interagency agreements that address transition increased. This can be related to the state-wide transition trainings which were held in 1998.

Community Collaboration and Accessibility is a component for information gathering during the on-site visit of the local program review process. Guidelines for information gathering are provided to the site visitors that include:

?Information on the collaboration between agencies, between agencies and families, and with under-represented groups.

?Information on any memorandums of agreement.

The information gathered from the site visits regarding community collaboration is positive. Site visitors actually meet with many of the agency representatives while on location. Some concerns are identified as to the need to have more participation from a specific agency.

? The local early intervention networks, through their annual funding grant application, report to KDHE "evidence of interagency commitment". Copies of agreements or memoranda of understanding were provided to KDHE during SFY98.

? Growing Together IV reports on the administrative structure and functions of the LICCs. In 2001, 51 LICCs were surveyed, with 47 responding. Interagency affiliations were reported by

45/47 LICCs, and 95% have connections/affiliations with other community agencies. 99% of the LICCs reported they had interagency agreements with many of the community agencies.

This data seems to be in conflict with the LICC self-assessment data reported above. One of the reasons for the discrepancy may be different people responding to the survey with different interpretations of the meaning of the questions and also difficulty in responding to the questions because the agreements may be in different stages of progress.

Strengths:

?There is strong regulatory and procedural support for the local early intervention network service delivery system in KS

?Contracts are monitored through semi-annual reports and on-site monitoring visits, which include a fiscal review.

?LICCs are required to be a part of the structure of service delivery in KS.

?On-site visits support the evidence of local collaboration and cooperation.

?LICCs develop interagency agreements for their own communities and networks.

?There was a reported increase in the number of interagency agreements addressing transition at the local level after the series of transition trainings that took place across the state in 1998-99.

Concerns:

?There is a discrepancy in the information provided by the LICCs regarding their interagency agreements. (Growing Together IV and LICC self-assessment reports.)

?The local early intervention networks have not recently reported to KDHE, through the grant application, evidence of interagency commitment.

?Some networks report through the local program review process a need to have increased participation from a specific agency in their community.

Conclusions:

The committee believes there is a coordinated service system in place in KS through the local early intervention networks and the administrative and supportive structures in place at the State

level. There are interagency agreements in place at the local level to promote effective service delivery systems, although this data can be conflicting. This should be examined further.

Rating: Overall Cluster Rating = Strength

Indicator Rating:

[x] Strength [ ] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

General Supervision	
GS.5	Do appropriately trained public and private providers, administrators, teachers, paraprofessionals and related service personnel provide services to infants, toddlers, children and youth with disabilities?
GS.5a	Are there sufficient numbers of qualified teachers and related service providers to meet the identified needs of all children with disabilities?

Data Sources:

Procedure Manual
Local Part C Coordinator Survey, May 2002
Local LICC self-assessment survey from local program review process
On-site visits to local early intervention networks for program review process
KS Early Intervention Longitudinal Study (KEILS)
Family surveys from local early intervention network program review process
Self Assessment Public Forum Report

Data Analysis:

? Kansas Infant-Toddler Services follows the federal requirements for personnel standards to be the "highest requirements in the state applicable to a specific profession or discipline which means the highest entry-level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline."

The Procedure Manual, Section XVIII-2 states, "Personnel providing services for Kansas Infant-Toddler Services eligible infants and toddlers must hold current and valid credentials in their professional field of practice."

? The local early intervention networks sign contract assurances that requires the use of qualified personnel to conduct evaluations and provide services. (See GS1.b.p.2)

? Nearly every local early intervention network receives funding from the KS Department of Education, special education "categorical aid". This funding is provided to most of the networks to support the professional staff who are directly involved with the daily provision of early intervention services to children. In order for the networks to receive this funding, their professional staff must meet the KSDE personnel qualifications. (These are the same for KS Infant-Toddler Services). This funding requirement is another assurance that staff are trained and qualified.

? Personnel qualifications are reviewed during on-site monitoring visits and exceptions are noted in the site visit team reports. In SFY 99, 00, 01, and 02, of the 12 site visits that were conducted each year, there were no exceptions noted of un-qualified personnel conducting evaluations or providing direct services. The local early intervention network also assures that professionals meet their continuing education requirements and are monitored during the on-site visit.

Families are interviewed during the on-site visit and asked about their feelings toward the professionals and the quality of their work. There have been a few instances when a parent has expressed a concern, but the majority of family reports are positive. This is reflected in the strengths that are cited in the personnel and service delivery sections of site visit reports.

? LICC self assessments reported success in the following areas regarding qualified personnel:

Table 3: Training and Qualifications of Personnel

Statement	99-00	00-01	01-02
Service providers in our Infant-Toddler Services Network have been trained in developing IFSPs	78%	64%	100%
Qualified personnel as defined in the Procedure Manual provide early intervention services in our agencies	100%	100%	100%
Service providers in our network meet the standards for continuing education experiences as described in the Procedure Manual.	89%	81%	100%
Aides, para-professionals, and other assistants hired by agencies in our network work under supervision of personnel qualified in the appropriate area of expertise	67%	81%	82% 9/11=Success 2/11=Does not apply

The low rating in 00-01 of the statement "Service providers in our Infant-Toddler Services Network have been trained in developing IFSPs" may be due to confusion over the meaning of the statement. All networks have training available in developing IFSPs, but the respondent may have interpreted this to mean all service providers in the network, even those ones who are not directly responsible for the development of IFSPs. Not all providers in a network are responsible to develop an IFSP.

? The local Part C Coordinator's survey asked for information regarding staff vacancies during the past 2 state fiscal years. 30/37 networks reported the following:

Table 4: Number and Type of Staff Vacancies

Number and Type of Staff Vacancies	SFY 01	*SFY 02*
Early Childhood Special Educator	8	3
Speech/language Pathologist	2	2

Occupational Therapist	2	0
Family Service Coordinator	1	3
Total	**13**	**8**

The vacancies come from all areas of the state, but more have been reported from the urban and intermediate city areas, than rural.

? The self-assessment public forum findings indicated a statewide concern around the need for services for infant mental health. The respondents thought the numbers of children needing the service was on the rise. Those interviewed indicated they believe there to be a critical shortage of qualified professionals to address the need.

? KS is home to nine community colleges that provide an associate's degree in Early Childhood Education and eleven public or private universities that provide a Master's degree in Early Childhood Special Education. These programs provide well-trained and qualified graduates in this discipline. In addition, many of KS' colleges and universities provide undergraduate and graduate degrees in the other professional disciplines which provide services to Part C eligible children and families such as audiology, nursing, physical therapy, occupational therapy, social work, psychology, speech language pathology, and nutrition.

? The KEILS explored the relationship between the family and the early intervention professionals working with family. Nearly all families provided positive reports about their relationships and their perceptions of the quality of the services.

Figure 2:

Professionals respect my family's values and background	**Percent**	**N=275**
Strongly agree	61.1	
Agree	38.9	
Disagree	0.0	
Strongly disagree	0.0	

I have good feelings about special needs professionals	Percent	N=275
Strongly agree	64.8	
Agree	34.6	
Disagree	0.6	
Strongly Disagree	0.0	

Quality of help to family provided in EI	**Percent**	**N=296**
Excellent	60.0	
Good	34.4	
Fair	3.1	
Poor	2.2	
Some OK, some not	<1	

? Families report through the survey as part of the local early intervention program review process on their satisfaction with the service providers.

Table 5: Family Satisfaction with Service Providers

Statement	99-00		00-01		01-02	
	Mothers (n=414)	Fathers (n=336)	Mothers (n=548)	Fathers (n=447)	Mothers (n=653)	Fathers (n=500)
I am satisfied with the professional staff's quality of work.	95%	95%	94%	92%	98%	95%
I am pleased with the relationship my family has with the service providers.	96%	Not asked	93%	Not asked	98%	Not asked

Strengths:

? Personnel qualifications follow the federal requirement of the highest standard in the State applicable to a profession.

? There have been no findings during on-site monitoring of un-qualified professionals providing early intervention services.

? LICCs report consistently through their self-assessments that qualified personnel provide early intervention services in their networks.

?Families are making positive reports about their relationships with the professionals and the quality of their work.

?Students preparing for a career in early childhood special education at KS universities receive training beyond the Bachelor's level.

Concerns:

? There are vacancies occurring in staff, especially in Early Childhood Special Education Teachers. These are occurring in the cities and towns with a larger population, although some of these populated areas are in more rural parts of the state.

? According to the LICC self-assessment reports, training in the IFSP process for service providers has decreased this past year but this could be in part because of respondents different interpretation of the statement.

? Statewide availability of Infant Mental Health Services is a concern.

Conclusions:

The committee believes there are sufficient numbers of qualified professionals to meet the needs of eligible infants and toddlers with disabilities in KS. The staff is qualified and families report satisfaction with their relationships and quality of their work. There can be efforts made to increase the training available in the IFSP process.

Rating: Overall Cluster Rating = Meets Requirement

Indicator Rating:

[ ] Strength [x] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

Comprehensive Public Awareness and Child Find System	
CC.II	Do families have access to culturally relevant materials that inform and promote referral of eligible infants and toddlers to the child find system?

Data Sources:

Local early intervention network Semi-annual Reports (SAR)
Local Part C Coordinator's survey
LICC self-assessments from local program review process
KS Early Intervention Longitudinal Study (KEILS)
Growing Together III & IV
KDHE central office information

Data Analysis:

? The "Make A Difference Information Network" functions as the central directory for Kansas Infant-Toddler Services. This interagency supported system is an information service for children and adults with disabilities, their families and service providers. Information available through this number includes early intervention services, resources, experts, referrals and projects being conducted in Kansas.

The operator of the "Make A Difference Information Network" keeps a tally of the number and types of phone calls that are received regarding Part C. The following details the average number of calls received per month. The nature of the calls can be generally categorized as follows: requests for brochures, conference information, LICC information, newborn screening information, questions for Part C administrators, national information and monitoring system information. The most numerous calls were requests for brochures.

Table 12: Central Directory (Make A Difference) Usage

Year	SFY00	SFY01	SFY02
Average # calls/month	49	54	59
Most frequent request	Brochures	Brochures	Brochures

In addition to the Make A Difference toll free number, the local early intervention networks also publicize their services through community and regional media and organizations. Several of the networks have their own toll –free number and most develop and distribute their own unique forms of public awareness activities. These activities are documented to KDHE through the SARs. These extensive local public awareness efforts could be a contributing factor to the use of the Make A Difference number.

? KDHE publishes a variety of informational materials regarding Part C services, including two types of brochures regarding services, developmental checklist, parents rights, health insurance, and transitions. These brochures are available in Spanish. Posters, bookmarks and magnets also have been developed. A brochure regarding the Make A Difference Information Network (Central Directory) is available and funding is provided jointly through: Part C; Maternal and Child Health, (MCH); Women, Infants and Children's Program (WIC); KS State Department of Education and Kansas Department of Social and Rehabilitation Services. This brochure is distributed through these agencies/programs as well as by the local early intervention networks.

In addition, the Kansas State Research and Extension Service publishes a series of five brochures regarding early childhood development, which are available state wide. This brochure includes the Make A Difference Information Network number and also refers parents to their local health departments for more information.

These materials are available to all 37 local Part C early intervention networks for distribution within their local communities. Each network makes individual requests for these materials as needed.

Table 13: Public Awareness Items Mailed from KDHE-BCYF

Year	# Mailed
1999	69,000
2000	52,105
2001	85,032

The items are tracked at the state level to determine which locations are requesting the brochures, especially the Spanish brochures. The local early intervention networks also develop and publish their own written public educational materials. These are submitted to KDHE in SARs.

The public awareness effort is coordinated with the KSDE, 619 Section, using the same logos, Central Directory number etc.

? Local Part C early intervention networks report public awareness activities twice a year to KDHE through the semi-annual reports and include a variety of activities from participation in health fairs, brochures, video tapes, web sites, newspaper and newsletter articles, presentations to community groups, informational packets, etc. The complete list is available through the SAR's. These activities are monitored by state staff to determine if they are being completed in a variety of locations, formats and are trying to reach under-served and under-represented populations.

The following are a few examples of "non-traditional" activities to reach under-represented groups.

A local early intervention network works closely with a missionary to a Hispanic population in a medium sized city. The missionary provides information about early intervention

services as he visits or works with families with young children. He also attended a health fair targeted to Hispanic individuals and provided early intervention brochures.

Another network was interested in outreach to their Asian population. They worked closely with the school district and Head Start for translation of materials and access to interpreters. A screening was conducted at a location in which many people of Asian heritage resided. This screening resulted in one referral. Other efforts at distribution of information are through a local Vietnamese restaurant and temple.

A "Birth-To-Three" float is constructed by staff from a local early intervention network and entered in the community Christmas parade. During the parade, the announcer provides information to the onlookers about the program, which also is being broadcast over a cable TV Station. They also pass out brochures along the parade route.

Several networks work closely with church affiliated organizations to assist with the development and provision of public awareness information and to conduct screenings in local neighborhoods. These organizations have special programs for migrant workers, immigrants, etc. People native to their respective countries or groups are available to assist with translation and interpretation, as well as advise about other strategies to reach their constituencies.

Another strategy employed by several networks to reach their Hispanic populations is to work collaboratively with the Parents-As-Teachers staff to conduct play groups for children. Most of these play groups are conducted by Spanish speaking staff and the early intervention personnel attend to provide information and/or conduct screenings and make referrals as needed.

? The following information pertaining to public awareness activities were reported by the LICCs through the annual self-assessment process. The LICCs reported success in the following areas:

Table 14: LICC Public Awareness Activities*

Statement	1999-2000 (12 LICCs reporting)	2000-01 (11 LICCs reporting)	2001-02 (11 LICCs reporting)
Most frequent types of public awareness activities reported: Brochures Packets placed in agencies Packets placed in doctor's offices Television Newspapers Other	 33% 22% 22% 33%	 Not asked	 Not asked
LICCs conduct public awareness activities	56%	Not asked	Not asked

Public awareness activities reflect the languages used by families in their community	44%	18%	27%
Have access to language translators and sign-language interpreters as needed	78%	55%	89%
Screening activities are held at least monthly.	100%	91%	64%
The community network coordinates child find activities.	78%	78%	89%
The community network has a local point of contact for scheduling screening activities.	89%	78%	89%
Public information materials are provided in a variety of languages, formats and locations that reach all members of our community.	78%	18%	27%
Child find activities are provided in naturally occurring locations in which community members regularly participate.	89%	78%	91%
Public awareness activities are reported to the Make A Difference Information Network.	22%	Not asked	Not asked

*The monitoring process was changed in 1999 so that only those networks that were receiving an on-site visit during the year were required to complete a self-assessment. See GS1.c, p. 1.

The areas of concern noted above for 2001-2002 are "Public awareness activities reflect the languages used by families in their community" and "Public information materials are provided in a variety of languages, formats and locations that reach all members of our community."

This information is used during the on-site visit and addressed by the site visit team through their reports. The concerns are addressed in the network's improvement plan.

? Families most often reported being referred to early intervention by a doctor or hospital staff or by Parents as Teachers. Many also learned of early intervention from other parents. (2001 family surveys from local program review process).

? Information from Growing Together III (1998) and IV (2001) indicates public awareness activities are taking place at the local level.

° Information exchange and joint public awareness activities were topics on the majority of LICCs agendas.

° Local resource directories and written public relations were the two most numerous products reported by the LICCs in both years.

? Families were asked several questions by the KEILS surveyors about their experiences entering early intervention. According to most families (76%) finding early intervention took little effort.

Table 15: Family Experience Entering Early Intervention in Kansas

Family experience entering EI ***N = 304***	**Percent**
Effort to find EI	
A lot of effort	7.5
Some effort	16.0
A little effort	27.1
No effort at all	49.4

? 35/47 LICCs reported serving families from diverse cultures including: (from Growing Together IV).

a. African-American
b. Indian (tribe unspecified)
c. Asian
d. Hispanic
e. Caucasian
f. German
g. Amish

Strengths:

?Over 75% of families in a state-wide sample reported it took no effort or a little effort to find out about early intervention services.

?There is a wide variety of public awareness materials available and are distributed state-wide on a regular basis. The local early intervention networks provide many types of awareness activities that meet the unique needs of their geographic areas.

?SARs on file at KDHE, document the many public awareness activities occurring in local communities on a regular basis. These activities are monitored by the state staff.

?The racial/ethnic representation in the eligible population is comparable to total Kansas population. Demographic profiles of the local early intervention networks This seems to indicate the public awareness activities are reaching typically under represented populations.

Concerns:

?The brochures developed and distributed by KDHE have not been reviewed or revised in several years, and an analysis of the need for publications in other languages and formats has not been completed.

?The self-assessment reports from the LICCs show there is limited availability of public awareness materials and activities in different languages, formats and locations.

?The data regarding the usage of the Central Directory is limited. What is available demonstrates this resource is under utilized.

Conclusions:

The committee believes families do have access to culturally relevant materials that informs and promote referral of eligible infants and toddlers to the child find system. The data regarding the ease with which families "found" early intervention is one of the strongest indicators of effectiveness of the system. The LICCs conduct many local public awareness activities. The percentage of the numbers of children being served and the distribution of these children across the racial/ethnic populations is another strong indicator of the effectiveness of the system.

There are areas in need of improvement, such as updates of state level brochures and materials, better tracking of distribution of materials, and better understanding by local early intervention networks about alternative methods of public awareness and child find activities. The usage of the Central Directory needs to be addressed.

Rating: Overall Cluster Rating = Strength

Indicator Rating:

[x] Strength [ ] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

Comprehensive Public Awareness and Child Find System	
CC.I	Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation and assessment of all eligible infants and toddlers?
CC.Ia	Is the percentage of eligible infants and toddlers determined eligible for Part C comparable to State and national demographic data for the percentage of infants and toddlers with developmental delays?

Data Sources:

Part C federal data tables
KS Early Intervention Longitudinal Study (KEILS)
Center for Health and Environmental Statistics - KDHE
Semi-annual Reports (SARs) to KDHE by local early intervention networks
Sound Beginnings – (universal newborn hearing screening) data
US Census, 2000
Office of Special Education Programs (OSEP) 22nd Annual Report to Congress
Office of Special Education Programs (OSEP) 23rd Annual Report to Congress

Data Analysis:

? Based on the December 1 Child Count, from 1997 to 2001 the number and percentage of children birth to three receiving early intervention services on 12/1 of each year increased.

Table 1: December 1 Snapshot Count and % Served - 1997-2001

Year	**KS live births (3 year period)**	**Number of children receiving Part C service**	**% Of total 0-3 year olds in KS served**
1997	110,802	1639	1.5%
1998	112,087	1884	1.7%
1999	114,311	2187	1.9%
2000	116,774	2481	2.1%
2001	117,234	2738	2.3%

The percentage of children served in 1999, 2000 and 2001 exceeds the national average of 1.8% for 1999, as reported in the OSEP 23nd Annual Report to Congress, Office of Special Education Programs, 2001; Table AH-1.

? The cumulative number of children receiving services on an annual basis continues to increase.

Table 2: Annual Cumulative Count - 1997-2001

Year	KS live births (3 year period)	Number of children receiving services annually	% of total 0-3 year olds in KS served
1997	110,802	3093	2.8%
1998	112,087	3364	3.0%
1999	114,311	3955	3.4%
2000	116,774	4554	3.8%
2001	117,234	5104	4.3%

? The Kansas Early Intervention Longitudinal Study (KEILS) reports:

"More children are entering early intervention in KS in the first and especially in the third year of life, than in the second. Around 31% of children began early intervention for the first time in KS between birth and 12 months. Another 27% began in their second year and 43% in their third year. This differs somewhat from the rest of the nation. Nationally, 38% of children began early intervention in the first year of life, 28% in the second and 34% in the third." (22nd I.D.E.A. Annual Report to Congress (2000).

The average age of referral for this sample of children was 19.1 months. This compares to an average of 17.1 months for the nation.

? Primary referral sources of eligible infants and toddlers were reported as the following: (Semi-annual reports - SAR)

Table 3: Number of Referrals by Referral Source by Year

Referral Source	SFY 99	SFY 00	SFY 01
Parents/Family/Friends	1064 26%	979 23%	1043 24%
Education/ PAT, Count Your Kid In	1130 27%	1147 27%	1084 25%
Medical, Health, KBH	1552 37%	1850 (includes NICU referrals) 43%	1776 (includes NICU referrals) 41%

Other	408 10%	348 8%	364 9%
Total	4154	4324	4268

The medical community continues to be the largest source of referrals to the child find system as reported through the SAR's. This may be due to the cooperative agreements that have been reached at the state and local level with the Medicaid agency and the required involvement of a health or medical agency in the LICCs (KAR 28-4-565).

? Kansas Infant Toddler Services has assisted in the facilitation, since 1994, of a "Hospital to Home" transition task force. The task force was originally supported through a federal grant awarded to the Associated Colleges of Central KS. This funding has expired.

One of the purposes of the task force was to create a uniform hospital to home transition plan for those children referred from the hospital to Part C services. A "Hospital to Home Transition Guide" was created to give to families and providers to assist in the transition process. Another result of the work of this task force was to enhance the coordination with the medical community and the Part C system and to increase referrals, particularly from the NICUs. Staff from the following hospitals in Kansas were members of the task force: Stormont-Vail Regional Health Center in Topeka, Hays Regional Medical Center, Salina Regional Health Center, St. Catherine's Hospital in Garden City and Via Christy Hospital and Wesley Medical Center in Wichita.

Further analysis of the need for continued activities of this task force is needed, especially to determine if linkages with newborn nurseries and pediatric units within hospitals should be strengthened.

? The number and percentage of children in NICU's eligible for Part C services continues to remain steady over a 5-year period.

Table 4: Children in NICUs by Year and Eligibility

NICU info from SAR	SFY 98	SFY 99	SFY 00	SFY 01	SFY 02
Total number children in NICUs	1443	1680	Not asked	1891	1805
Number eligible	446 (31%)	595 (35%)	655	566 (30%)	537 (30%)

? The number of children evaluated and determined eligible continues to increase in Kansas. (SARs)

The number of children provided initial evaluations continues to increase and the proportion of those children found eligible continues to hold steady. This indicates the referral and evaluation process throughout the state is being implemented accurately and uniformly.

Table 5: Number of Children Evaluated and Determined Eligible by Year

Fiscal Year	Evaluated	Eligible
1998	2755	2049 (74%)
1999	3230	2497 (77%)
2000	3394	2575 (76%)
2001	3425	2591 (76%)
2002	3550	2907 (82%)

? The following data examines the number and percentage of children referred but not evaluated in SFY 2001 and SFY 2002.

Table 6: Number and Percentage of Children Referred but not Evaluated

SFY	# Referred	# Not Evaluated	% Not Evaluated
2001	4268	739	17%
2002	4441	629	14%

This data is examined for each individual network through the SAR's. The reasons for children referred but not evaluated are compiled into the following categories: (total number of children in this table does not equal above due to reporting errors)

Table 7: Reasons Initial Evaluations Were Not Completed

SFY	Family Declined	Moved	Could Not Locate Family	Other
2001	402/739 or 54%	46/739 or 6%	178/739 or 24%	89/739 or 12%
2002	314/629 or 50%	61/629 or 10%	165/629 or 26%	92/629 or 15%

Currently, there is no data collected to determine the reasons a family declines an initial evaluation. Those networks with a higher percentage of children referred and not evaluated (over 20% of total referred) are monitored through the SARs and asked to examine system policies and program practices that could affect these numbers and make adjustments. Results

are monitored through the SARs and on-site monitoring visits as part of the program review process. The percentage of initial evaluations that were declined is over 50%.

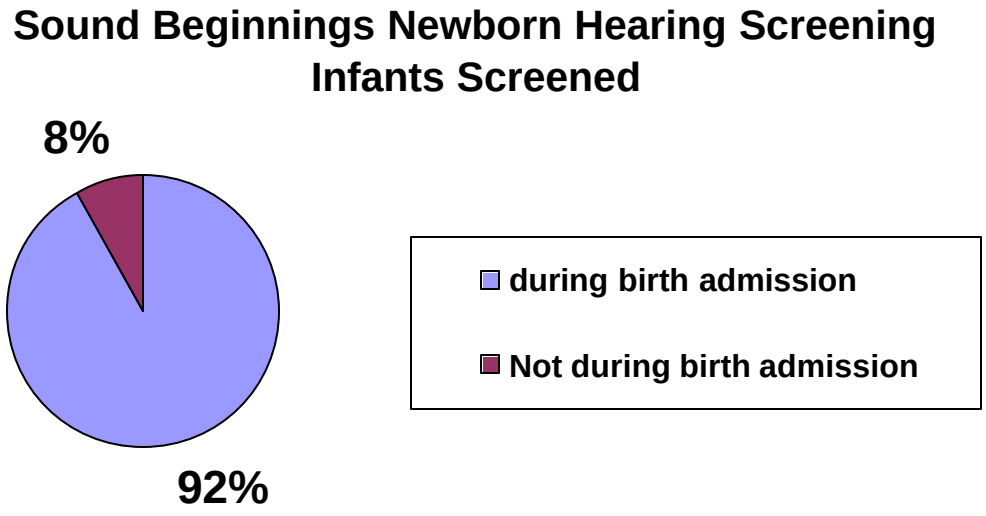
? Every infant born in Kansas shall receive a hearing screening, as required by a law that became effective July 1, 1999, KSA 65-1,157a. Sound Beginnings is the Newborn Hearing Screening Program for Kansas that supports this law. The goals of the program are as follows:

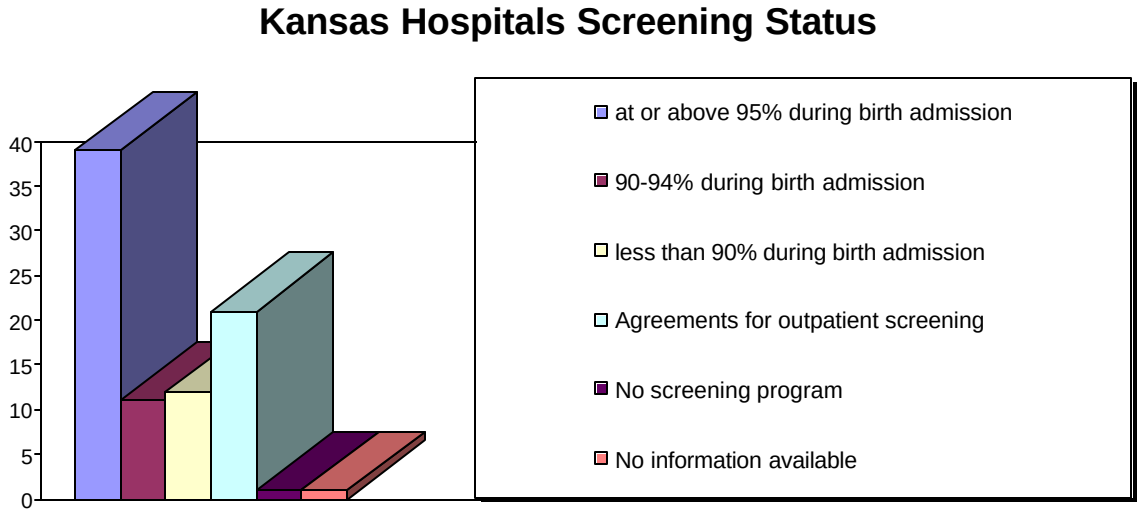
- All infants, with parental consent, will have a physiologic hearing screening prior to hospital discharge.
- Infants that do not pass the screening shall have an outpatient screening within one month of birth.
- As needed and as appropriate for the family, audiologic assessment by three months of age (for those infants who do not pass the second screening).
- As needed and as appropriate for the family, infants with confirmed hearing loss will receive amplification and early intervention by six months of age
- Results are linked with the newborn's medical home.
- Families, professionals and support personnel associated with newborn hearing screening have the knowledge and competencies to effectively manage newborn hearing screening.

Sound Beginnings provides information to Part C networks at regional meetings on the newborn hearing screening program in Kansas. Public Awareness of the program is provided through brochures to parents, hospitals, and prenatal classes; presentations at local, state and national meetings, and interagency meetings and events; and the web page. Technical assistance is available to the networks and professionals regarding newborn hearing screening, assessment and the referral process from professionals involved in newborn hearing screening including hospital staff, physicians and/or audiologists. A list of facilities that can provide early intervention services and a family resource guide are available to the family with an infant who has a confirmed hearing loss. These materials may be obtained from the physician, audiologist, early interventionist, and Sound Beginnings. All materials are also available on the Sound Beginnings web page www.soundbeginnings.org.

Currently 62 hospitals report screening their newborns prior to discharge accounting for approximately 92% of Kansas births; 12 hospitals report screening less than 90% of newborns prior to discharge; and 23 hospitals report not screening prior to discharge accounting for approximately 8% of Kansas births. Twenty-one of the 23 hospitals not screening refer for outpatient screening completed within one month of age. (data source, fourth quarter 2001). Follow-up data for these infants, including early intervention services, have not been consistently reported to Sound Beginnings due to a delay in a data management system for the program.

Figure 1:





? The December 1 child count collected information in 1998,1999, 2000, 2001 on the race and ethnicity of the children receiving Part C services.

Population data for States by race and Hispanic origin as of July 1, 2000, reported the following for Kansas children 0-3 years of age:

Table 8: Race/Ethnicity of 0-3 population in Kansas

RACE/ETHNICITY* (all ages)	**% OF 0-3 POPULATION IN KS+**
White (86%)	78%
Black (5.7%)	7%
American Indian (<1%)	1%
Asian and Pacific Islander (1.7%)	2%
Hispanic** (7%)	13%

*Source: US Census, 2000.
+ Source: Center for Health and Environmental Statistics, KDHE
** Hispanic origin can be of any race

Table 9: Race/Ethnicity Comparison of Children Served by Part C

RACE/ ETHNICITY	**CHILDREN SERVED DEC 1, 1998**	**CHILDREN SERVED DEC 1, 1999**	**CHILDREN SERVED DEC 1, 2000**	**CHILDREN SERVED DEC 1, 2001**
White	75%	75%	75%	75%
Black	10%	11%	10%	11%
American Indian	<1%	<1%	<1%	<1%
Asian and Pacific Islander	2%	2%	1%	2%
Hispanic	12%	11%	13%	13%

(Data on the age of the children by their ethnicity/race is not collected. Data on the race/ethnicity of the live births in Kansas is only collected for white, black and non-specific.)

A demographic profile for each early intervention network is developed which includes race/ethnicity data. This profile is used during site visits to determine if children and families from all populations are being served. If a network is not reaching an appropriate amount of children from an under-represented group, a concern is noted in the final report and child find strategies to address the concern are developed as part of the improvement planning process.

An analysis of this local data for this report indicates, for SFY 01, all networks were reaching all populations in their areas, compared to their racial/ethnic characteristics of the general population.

Strengths:

?The number and % of children receiving Infant-Toddler Services continues to increase each year.

?Based on the live births in Kansas in 1998, 99, and 00, Infant-Toddler Services is serving 2.1% of the birth to three population on one day, which is above the 1.8% national average reported by OSEP.

?In calendar year 2000, 3.8% of the birth -three population was being served if the cumulative total of children receiving Infant-Toddler Services is used.

?The medical community continues to provide the highest number of referrals, indicating strong linkages to primary referral sources.

?The number of children that are evaluated and determined eligible continues to increase.

?Kansas has passed legislation to require universal newborn hearing screening and is in the process of implementation.

?The % of children referred from the NICUs and identified as eligible continues to remain constant. This indicates a general understanding of and a consistency in the interpretation of the eligibility requirements for Part C services. (SARs)

?The racial/ethnic representation in the eligible population is comparable to total Kansas population. Demographic profiles of the local early intervention networks indicate they are reaching the children of varying racial/ethnic backgrounds in their geographic areas.

Concerns:

?The percentage of families declining the initial evaluation to determine eligibility is high.

?The need for further activities of the Hospital to Home Transition Task Force, especially in the areas of strengthening linkages with newborn nurseries and pediatric units, has not recently been assessed.

Conclusions:

The committee believes the data shows KS is comparable to state and national demographic data for the percentage of infants and toddlers being served. In addition, the % of infants (under age one) in the general population who are being served continues to increase each year.

There are other positive indicators of an effective child find system in KS. The % of eligible children being served from racial/ethnic populations is comparable to the population characteristics as a whole.

Rating: Overall Cluster Rating = Strength

Indicator Rating:

[x] Strength [ ] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

Comprehensive Public Awareness and Child Find System	
CC.1	Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation and assessment of all eligible infants and toddlers?
CC.1b	Is the percentage of eligible infants with disabilities under the age of one that are receiving Part C services comparable with national and state prevalence data?

Data Sources:

Federal Data Tables
KS Early Intervention Longitudinal Study (KEILS)
KS Vital Statistics
National Early Intervention Longitudinal Study (NEILS)
OSEP 22nd Annual Report to Congress

Data Analysis:

? The number of children under the age of one who are receiving Part C services on December 1 has continued to increase for the past 5 years. This count is only for the number of children who have been determined eligible and are receiving Part C services on December 1 of each year. The percentage has remained nearly the same.

Table 10: Number and Percentage of Children Age 1 or Under Receiving Services on Dec 1

December 1 Child Count Year (snap shot)	Total number of children receiving services	Number of children under age one receiving services	% Under age one of total children receiving services
1997	1639	243	15%
1998	1884	302	16%
1999	2187	371	17%
2000	2481	395	16%
2001	2738	439	16%

This information is included on the LICC demographic profile that is used in the on-site monitoring process for the early intervention networks. Those networks that have a high percentage of children under the age of one in services are identified and asked to share child find strategies for early identification to the rest of the state. If low numbers of children under

the age of one are found within networks, this is identified in the report and becomes part of the network improvement plan.

? The Kansas Early Intervention Longitudinal Study (KEILS) reports:

"More children are entering early intervention in KS in the first and especially in the third year of life, than in the second. Around 31% of children began early intervention for the first time in KS between birth and 12 months. Nationally, 38% of children began early intervention in the first year of life."

KEILS also reported on the eligibility category for children entering early intervention services in KS. Most children (N=585) were eligible for early intervention because of a developmental delay (84%) and a lesser proportion had an established risk for developmental delay (16%).

The age of the children at IFSP differed between the two eligibility groups. 70% of children eligible because of established risk for developmental delay had their IFSP signing in their first year. Of that 70% of children, 48% had their IFSP signed between the ages of 0-6months, and 22% between the ages of 6-12 months. The NEILS data reports the average age of IFSP for infants with established risk for developmental delay is 10.1 months. Identification of children with established risk at an early age is a good indicator child find efforts are effective.

? The percentage of eligible birth to one year olds in the general population who are receiving services has increased in the past four years.

Table 11: % Of All Children Age 1 or Under Receiving Services by Year

Calendar year	KS live births	Children under 1 served in Part C on Dec 1	% Of total under 1 population
1997	37,191	243	00.65%
1998	38,372	302	00.78%
1999	38,748	371	00.96%
2000	39,654	395	00.99%
2001	38,832	439	1.13%

This is comparable to the national average of the percentage of the 0-1 aged population served, which was 0.9% in Dec. 1,1997. (OSEP 22nd Annual Report to Congress.)

Strengths:

?The number and % of children under the age of one of general population who receive Infant-Toddler Services continues to increase.

?The % of children in KS who enter the early intervention system in their first year of life (31%) is only 7% under the national average of 38%.

? On-site monitoring of local early intervention networks includes analysis of child find efforts as measured by the number of children under one receiving services.

?The KEILS found 70% of children with established risk entered early intervention in the first year of life.

Concerns:

?The percentage of eligible children served in Kansas under the age of one receiving services on December 1 continues to remain the same.

Conclusions:

The committee believes the data demonstrates infants under the age of one are being identified and receiving services early. Nationally, the 0-1 year old population being served is on the increase, as it is in KS. The emphasis on this indicator for review during on-site monitoring has assisted in increasing the awareness of the local early intervention networks of the importance of making connections to families and other primary referral sources early.

Rating: Overall Cluster Rating = Strength

Indicator Rating:

[x] Strength [ ] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

Family-Centered Services	
CF.1	Do family supports, services and resources enhance outcomes for infants and toddlers and their families?
CF.1a	Are family-centered practices embedded in all aspects of the early intervention process from initial identification through the child's transition to Part B or other services?

Data Sources:

Family surveys from local program review process
Local Part C Coordinator's survey
KS Early Intervention Longitudinal Study (KEILS)
Family-centered study by KU and KDHE
LICC self-assessment data from program review process
Growing Together IV
LICC Parent Member Survey

Data Analysis:

? Family surveys are sent out as part of the annual program review process for the early intervention networks. The survey contains specific questions for both mothers and fathers. Surveys are provided in both Spanish and English.

Families reported the following information that can be linked to family-centered practices:

Table 1: Family Surveys From Program Review Process

Statement:	**99-00**		**2000-01**		**2001-02**	
	Mothers N=414	Fathers N=336	Mothers N=548	Fathers N=447	Mother N=653	Fathers N=500
"Meeting times and places are scheduled so I can attend"	Not asked	55%	Not asked	54%	Not asked	69%
"I am personally invited to participate in meetings in involving my child."	Not asked	76%	Not asked	74%	Not asked	74%
"The staff responds to my concerns or ideas."	95%	88%	93%	94%	Not asked	83%
"I have been given choices in who will provide the services my child receives."	78%	Not asked	73%	Not asked	75%	Not asked
"I am a member of the team working with my child."	97%	74%	91%	70%	94%	67%

"I have been able to choose which services I want for my child."	90%	78%	86%	78%	75%	68%
"The services my child receives fits into our family's schedule and routines."	97%	91%	92%	89%	95%	90%

Comparing the data from the past three years, it appears mothers perceive a great deal of family-centered practices in early intervention services; fathers less so.

? The state Part C program review system for the local early intervention networks includes family members as site visitors. The site visitors provide the local early intervention networks with a review of their service delivery system and feedback as to strengths and weaknesses. Family members were a part of the planning and development of this system and continue to be part of the site visit teams. A question was asked on a survey of local Part C Coordinators about the importance of family members in the program review process. The majority of responses reflected the value of the family perspective to the "professionals" who work in the system, as well as their ability to connect with the local family members to increase their trust and comfort level when asked to evaluate their own local services.

? Data from the KEILS reports the following experiences for families, which relate to family-centered practices. According to most families, it took little to no effort to find and enter early intervention services and they had input into the determination of those services.

Table 2: Family Experiences Entering Early Intervention in KS

Family experiences entering EI	*Percent*		*SE*
N			
Effort to get services started once identified			
A lot of effort	3.7	2.2	296
Some effort	11.1	2.7	
A little effort	40.8	4.7	
No effort at all	44.4	4.5	
Awareness of IFSP			
Yes	87.0	3.1	293
No	13.0	3.1	
Who set IFSP goals?			
Mostly family	7.9	3.4	257
Mostly professionals	11.2	4.0	
Family and professionals	80.9	3.6	
Family experiences entering EI	*Percent*		*SE*
N			

Who determined the kinds of services?			
Mostly family	3.7	1.3	290
Mostly professionals	25.0	3.3	
Family and professionals	71.4	3.4	
Who determined amount of services?			
Mostly family	7.5	2.9	290
Mostly professionals	44.6	4.6	
Family and professionals	47.9	4.0	

? Three independent studies were conducted in Kansas to determine the extent of family-centered recommended practices in the development of IFSPs. The studies compared a sample of IFSPs that were submitted through the SAR process from three years, 1991, 95 and 97. IFSPs were reviewed by the researchers according to seven indicators of recommended practices for the use of family language, family outcomes, informal support to families, multi-agency participation, and outcome statements reflecting the concerns, priorities, and resources of the families.

The results of the longitudinal comparison suggested that IFSPs were increasingly reflecting recommended practices. Comparison between 1995 and 1997 revealed that there was an increase in the percentage of documents that met the criteria for six of seven indicators. The indicator in which the percentages decreased was that concerning inclusion of friends and family members other than the mother in writing the IFSP.

In 2001, Infant-Toddler Services state staff replicated the study, using 2000 data. The results show a decline in almost every area.

Table 3: Comparisons of Indicators of Family Centered Practices Based on # of IFSPs Reviewed for Each Year.

Indicator	**1991 n=32**	**1995 n=53**	**1997 n=104**	**2000 n=70**
IFSP reflects family language	13%	42%	68%	27%
At least one family outcome is included	22%	15%	19%	30%
Representative of multiple agencies sign the IFSP	0%	23%	30%	10%
Services are provided by more than one agency	38%	43%	73%	51%
Family members (other than mother) and friends are included on the IFSP	31%	47%	29%	28%
Outcome statements reflect the concerns, priorities and	50%	53%	70%	53%

resources of the family, when given.				
Child status includes information other than test scores	69%	81%	91%	90%

This decline, at first glance is troubling, especially since such gains were made in the earlier reviews. Other data sources, however, do indicate family centered practices are taking place in early intervention services. These discrepancies may be in the ability of early intervention personnel to document these activities or because of the variety of reviewers and differences in interpreting the content of the IFSPs.

? Family members are able to designate themselves as "co-coordinator" with the Part C family service coordinator. This is described in the KS Procedure Manual for Infant-Toddler Services in KS.

? The LICCs reported success in the following areas from the 1999, 2000, and 2001, LICC self-assessments, which relates to family-centered practices. (In 1999, 34 networks reported. In 2000 and 2001, 12 networks reported. This occurred because of a change in the procedures for the program review process. See GS1.c.-p. 1).

Table 4: LICC Self- Assessment Responses Regarding Family-Centered Practices

Statement	99-00	00-01	01-02
The LICC includes at least 2 family members of children with disabilities.	67%	55%	55%
The LICC includes at least one family member of children receiving Part C services.	39%	55%	36%
The LICC includes members who are part of typically under-represented populations in our community.	44%	66%	55%
Our mission statement reflects the importance of families as partners in decision- making and all aspects of service delivery.	78%	81%	73%
The community network facilitates family involvement and education in its service system	89%	81%	73%
Families evaluate services in our network annually and participate in improvement planning	67%	33%	55%
Parents give written, informed consent for initial evaluation, and early intervention services	100%	100%	100%
Parents are given written notice of all proposed changes in any component of early intervention services	67%	81%	82%
Parents are part of the team making decisions regarding changes of service	78%	81%	100%
Family involvement includes participation in all aspects of the evaluation process at the level of the family's choice	100%	90%	100%
Families are included in the planning and conducting of ongoing child assessments	89%	100%	91%

The IFSP process in our network is guided by families	78%	70%	82%
Families are active partners in the IFSP meeting	78%	90%	91%
Families are offered the opportunity to include statements about their concerns, priorities and resources on the IFSP	89%	100%	100%
Services are revised as a result of ongoing assessment, including information from the family	100%	88%	100%

? The following information, provided by local Part C Coordinators, demonstrates specific systematic or programmatic changes made in their networks as a direct result of parent input:

"We no longer share assessment results and work on the IFSP outcomes in the same visit. Parents reported it was too overwhelming."

"Decreased the number of forms and need for signatures. Developed a universal release of information form. Developed joint home visits with Parents as Teachers and Early Head Start."

"A video of the IFSP process was created because of parental input. We do much more videotaping of intervention activities because parents requested it. We created a "veteran parent" program. We also created summer activity packets for parents to incorporate fun activities into their summer routine. We communicate more with e-mail, at parent request."

"A network-wide release of information form to expedite information sharing/decrease paperwork for families."

"Formed a community play group and playground due to parental input. Parents act as facilitators in the planning and playgroup committee. Parents also have partnered in the participation and writing and initiating the "guiding principles" for combining the early intervention and Parents as Teachers boards."

? Growing Together IV (2001), a bi-annual survey of the LICCs in KS, reports family participation on the LICCs. Increasing family participation was a need expressed by many of the LICCs. The LICCs appear committed to increasing family membership and participation by offering a variety of supports for them. For example, 41% of the LICCs provide transportation for families to attend meetings. 41% offer childcare during meeting times. Other incentives or supports include honorariums (10%), meals (5%) and other (2%). A few of the LICCs did state that they offer no additional support for parents to attend meetings (15%). Of the surveys returned, 24% left this question blank.

? Information collected during the program review on-site visit also has indicated a need for increased parent participation on LICCs.

? A survey was mailed to one hundred twenty two parent members of LICCs in July 2002. The survey was to determine the parent/family members beliefs about their participation on the

LICCs. Only 17 surveys were returned, or 15%. This low number of responses makes it difficult to draw conclusions about the results. However, 9 of the parents felt they did not make a difference and 6 did believe their participation was beneficial to the LICC activities. The respondents provided a variety of suggestions for ways in which to make the LICC meetings more meaningful to them. These were published in the ITS Newsletter in the fall of 2002.

Strengths:

?Families report they perceive family-centered practices in early intervention services.

?Families are members of the program review process for local early intervention networks and their efforts are valued and effective in encouraging local family input into program evaluations.

?According to families responding to the KEILS, it took little or no effort to find or enter early intervention services and they had a great deal of input into the determination of those services.

?In general, LICCs report high levels of family-centered practices, and are committed to increasing family participation in the LICCs.

?Part C Coordinators have reported changes in their programs because of parent input.

Concerns:

?Increased participation of family members on LICCs.

?Improved documentation on IFSPs regarding family-centered practices.

Conclusions:

The committee believes family-centered practices are embedded in all aspects of early intervention services. There is evidence throughout the system that family-centered practices are a cornerstone of service delivery in Kansas. There does need to be improvement in the documentation of the family-centered practices in the IFSP process. LICCs are making efforts to increase family input and participation in their own programs.

Rating: Overall Cluster Rating = Strength

Indicator Rating:

[x]Strength [ ]Meets Requirement [ ]Needs Improvement [ ]Non Compliant

Family-Centered Services	
CF.1	Do family supports, services and resources enhance outcomes for infants and toddlers and their families?
CF.1b	Do families report that early intervention services have increased their family's capacity to enhance their child's development?

Data Sources:

Local Part C Coordinator's survey
KS Early Intervention Longitudinal Study (KEILS)
Assistive Technology for Kansans
Families Together (PTI)

Data Analysis:

A Family Story by Mom:

Bobby was diagnosed, in another state, with Trisomy 18, CP, developmental delays and failure to thrive. At 13 months, he was unable to roll over to his tummy or back, crawl or sit. It took a lot of effort and concentration for him to reach for and pick up a toy. He was continually sick with head colds, coughs, and ear infections. I was unable to detect Bobby's ear infections at times due to his high tolerance to pain.

Part C in KS became involved with Bobby just as he turned 2 years old. He was crawling but unable to stand on his own and walk. He did not understand simple commands and had a very short attention span. He also had a hard time communicating to us.

Special ladies came to the house to work with Bobby, a para-educator, a speech pathologist, a physical therapist and a family service coordinator. All these ladies have given me a lot of different ways to help Bobby learn.

By trying different approaches, we found Bobby became relaxed by vibration. He has a squiggle pen that vibrates and he loves playing with it. Once he became relaxed he would be willing to let the ladies try different foods and see how he responded. He liked pop rocks and suckers. He also liked very cold items such as ice, Popsicles and ice cream. He didn't like things that were sour.

Bobby began walking just before Christmas and now he is running. His balance is more stable and he is able to go up and down stairs with help. I know we still have a long way to go, but he has made great progress. He wouldn't be where he is if it weren't for the Part C program.

? The KEILS asked families a series of questions about the nature of help provided to them through early intervention. Most families reported early intervention programs helped them in various ways. Over 6 in 10 families reported receiving help from early intervention programs with regard to the following: learning how to play with, talk with or teach their child; understanding the child's developmental and special needs; understanding their legal rights and protections; including children in regular family routines.

A smaller proportion received help in other areas: finding and paying for respite care; getting information on recreational activities for the child; getting transportation for the child; finding child care; finding and/or paying for medical or dental services; finding out about other agencies and services that may help the child; finding or talking with other families with children with special needs; finding a counselor, minister or other helper; meeting basic household needs; helping with solutions to other problems; and helping to pay for equipment, toys, or therapy. When asked if they needed help in these areas, most families replied they did not.

Table 16. Help Provided to Families By EI Programs

Help provided to families by EI programs	Percent	SE	N
Learn how to play, talk with, and teach child			290
Yes	83.9	3.1	
No, and needed this service	4.2	1.3	
No, and did not need	11.9	2.7	
Understand child's special needs			289
Yes	83.6	3.3	
No	5.6	1.9	
Did not need	10.8	3.2	
Understand legal rights and protections			293
Yes	80.1	3.6	
No	6.7	2.7	
No and did not need	13.2	2.6	
To include children in regular family routine			293
Yes	64.9	4.4	
No	1.8	1.1	
No and did not need	33.3	4.4	
Quality of help to family provided in EI			296
Excellent	60.0	4.8	
Good	34.4	4.4	
Fair	3.1	1.5	
Poor	2.2	1.8	
Some OK, Some not	<1	.4	
Effect of EI help and information on families			299
Much better off	54.7	3.4	
Somewhat better off	30.0	3.2	
About the same	11.7	3.2	
Too soon to tell	3.6	2.0	
Find out about other agencies that may help child			287
Yes	44.9	5.1	
No	10.3	3.4	
No and did not need	44.8	5.6	
Program helped pay for equipment/toys/therapy			288
Yes	43.8	4.9	
No	5.6	1.9	
No and did not need	50.6	4.5	
Get information about recreational activities			286
Yes	31.2	4.7	
No, and needed this service	7.9	3.3	
No, and did not need	60.9	5.5	

Table 16. Help Provided to Families By EI Programs (Concluded)

Help provided to families by EI programs	Percent	SE	N
Find or talk with other families that have children with special needs			290
Yes	28.5	5.1	
No	8.9	1.7	
No and did not need	62.5	5.0	
Program helped with solutions to other problems			293
Yes	18.6	4.2	
No	4.8	2.5	
No and did not need	76.6	5.2	
Get transportation for child			293
Yes	15.9	5.9	
No, and needed this service	1.8	1.4	
No, and did not need	82.3	6.6	
Find and/pay for respite care			291
Yes	13.9	2.9	
No, and needed this service	7.6	3.2	
No, and did not need	78.4	4.0	
Find/pay for medical/dental services			290
Yes	13.4	2.3	
No	4.1	1.4	
No and did not need	82.5	2.7	
Find child-care for children			291
Yes	11.6	3.5	
No	7.3	3.6	
No and did not need	81.1	3.4	
Find a counselor, minister, or other helpers			292
Yes	10.5	2.3	
No	5.8	2.7	
No and did not need	83.7	3.5	
Meet basic household needs			293
Yes	7.9	2.7	
No	4.3	2.1	
No and did not need	87.7	3.8	

In addition, the KEILS is examining developmental progress of the children enrolled in early intervention in KS. The research team identified key milestones for the five developmental areas. The selection and development of the milestone items reflected achievements that are universal to children based on documentation in existing literature regarding representative ages of achievement. Baseline data reports how parents rated their children's attainment of key

developmental milestones at the time they entered early intervention services. Later reports will examine changes in these developmental areas.

? KDHE contracts with the Assistive Technology for Kansans Project to provide several activities for families and service providers to improve access to and understanding of assistive technology for infants and toddlers with disabilities.

Comprehensive assistive technology evaluations involving the family, local providers and AT staff are provided as requested by local early intervention networks. Each child who received an AT evaluation did acquire at least one AT device. The recommended AT devices ranged from homemade light technology to computer software and adapted peripherals. A variety of funding sources are accessed to provide these devices.

Table 5: Assistive Technology Services for Infants and Toddlers

Year	AT Evaluations	Devices Provided
SFY 00	108	270
SFY 01	147	350
SFY 02	82	61

After completion of AT evaluations in SFY 01 and SFY02, a survey was conducted with service providers and families. The following statements were asked with the following results.

The AT options appeared to match the child's and family's needs.

SFY01	SFY 02
30% strongly agreed	74% strongly agreed
60% agreed	18% agreed
10 % disagreed	6% disagreed
	(1 respondent did not complete evaluation)

The recommendations supported the child's natural environment

SFY01	SFY02
40% strongly agreed	76% strongly agreed
60% agreed	21% agreed
	3% disagreed

The Assistive Technology for Kansans Project provides a toll-free number for families and service providers to use for assistance with information about AT services. The following represents calls from family members and service providers for infants and toddlers.

Table 6: AT Phone Support

Year	Phone Calls	% Family
SFY 00	Over 700	59%
SFY 01	Over 700	NA
SFY 02	559	62%

The Interagency Equipment Loan System provides opportunities for families to experience different assistive technology options and find solutions that meet their needs prior to purchasing equipment. The following number of devices were loaned for use by infants and toddlers.

Table 7: AT Devices Loaned

Year	# Of Loans
SFY 00	185
SFY 01	368
SFY 02	144

Other additional activities of the AT project, which aim to increase the family's capacity to meet the developmental needs of their child include:

- ✓ An annual state-wide meeting, which includes topics pertaining to the needs of infants and toddlers, and family members and local providers are in attendance.

- ✓ Regional Training Workshops for family members and providers, which focus on "make it and take it" information surrounding assistive technology.

Table 8: AT Regional Workshops

Year	# Of Workshops	Families Attending	Service Providers Attending
SFY 00	4	17	42
SFY 01	3	12	33
SFY 02	8	184	70

? The Parent-to-Parent Program, which matches a newly referred parent of a child with a disability to a volunteer support parent, is supported through the contract with Families Together. A brochure regarding Parent-to Parent services, published in both Spanish and English was produced in SFY00 with funding from KDHE, Special Health Care Services. 7500 copies in English and 2500 in Spanish were printed and Families Together distributes them. Parent-to-Parent matches offer another way to increase the family's capacity to meet the child's needs. Further investigation about the results of these matches is needed and will be added to the contract for the next fiscal year.

Table 9: Parent to Parent Matches

Year	# Matches for families with children under age 3
SFY 99	34
SFY 00	21
SFY 01	13
SFY 02	12

The number of Parent-to-Parent matches is decreasing each year, which may be a concern. The KEILS results showed that 62% of families (n = 280) indicated they did not need to find or talk with other families that have children with special needs.

Strengths:

?Families responding to the KEILS, indicated early intervention programs helped them in various ways.

?The Assistive Technology for Kansans Project provides many services that support families in enhancing the development of their child.

Concerns:

? The number of Parent-to-Parent matches has been on the decrease for the last three years. However, the KEILS found that 62.5% of parents surveyed said they did not need assistance to find or talk with other families that have children with special needs. Information regarding the outcomes of these matches is limited.

?The age of the child that receives AT evaluations is not known.

Conclusions:

The committee believes early intervention services are increasing the family's capacity to enhance the development of their child because of the findings of the KEILS and the Assistive Technology for Kansans Project. One area that could be investigated further is the need for parent-to-parent support. Also, data needs to be collected about the age of the child and the AT evaluation, to determine if needs are being identified and addressed as early as possible.

Rating: Overall Cluster Rating = Strength

Indicator Rating:

[x]Strength [ ]Meets Requirement [ ]Needs Improvement [ ]Non Compliant

Early Intervention Services in Natural Environments	
CE.1	Does family-centered service coordination effectively facilitate ongoing, timely EIS in Nes?
CE.1a	Does each child and family have a service coordinator that assists them in receiving timely EIS in NE?

Data Sources:

Procedure Manual
Part C Coordinator's survey
Family surveys and interviews from local program evaluation process

Data Analysis:

? Section IX of the Procedure Manual provides information regarding family service coordination practices. In Kansas, the family service coordinator is to be "from the profession most immediately relevant to the infant and toddler's or family's needs". This includes a variety of professional disciplines. In Kansas, all of the family service coordinator's are designated to serve children.

Because of this structure for delivery of family service coordination, there are sufficient numbers of family service coordinators available.

There is, however, some confusion in the field as to the differences in the roles of the family service coordinator and a therapist/interventionist, when the same person is delivering both services. This has been identified during interviews with local service providers during on-site reviews, by feedback from trainings and technical assistance activities, and as a result of documentation requirements for Medicaid billing purposes.
Family service coordination activities are taking place and it can be validated through service provider and family interviews, but these outcomes and activities are not being documented on the IFSP. And because of the dual responsibilities of the service providers, there does appear to be a need for an increase in personnel to carry out family service coordination responsibilities.

KITS has developed a "Family Service Coordination" technical assistance packet with information to address the above concern. It will be distributed to all 37 early intervention networks. There also has been training regarding service coordination provided on an as needed basis. This is at request of a network or from the results of an on-site monitoring visit. The evaluation of the effectiveness of this assistance is currently underway.

? A survey in May 2002 of local Part C Coordinators (31/37 responding) indicated only 3 family service coordination positions were unfilled.

? The Procedure Manual for Infant-Toddler Services in Kansas, Section XVIII – 5, provides the framework for the provision of family service coordination. This closely follows the federal regulations and has been enhanced to include a family-centered approach to service delivery. In

addition, each local early intervention network shall develop a self-evaluation/monitoring plan which shall include:

1. An annual evaluation of the effectiveness of family service coordination;
2. Assurance that family service coordination is consistent with Part C of IDEA.

Twenty of the 31 early intervention networks reporting through the May 2002 local Part C Coordinators survey indicated an annual evaluation of their family service coordination services are completed. Activities to accomplish this included family satisfaction surveys, provider surveys, team meetings, and self-assessment results.

? In this same survey, the local Part C Coordinator's described the roles and some outcomes of family service coordination in their networks. All indicate the family service coordinator's role is to assure the coordination of the initial eligibility determination and IFSP development process in a timely manner and to provide the family with accurate information about the services and resources.

Some of the outcomes of the family service coordinator's work were described as follows: (From Local Part C Coordinator's Survey, May 2002, 31/37 reporting).

"A family service coordinator assisted a family who moved from out of state to become eligible for KS Medicaid so in home nursing services could be provided."

"A family service coordinator assisted a baby born with a cleft lip to receive a Haberman feeder within 18 hours of birth".

"A family service coordinator assisted a family with a child with congenital hydrocephalus with a referral to a neurosurgeon who within a week placed a shunt. The child's skills/activities were changed for the better and he began making progress."

"A family service coordinator was present at a screening at a county fair and was able to immediately present initial information about Part C services to a family with a child that was identified with a concern."

"The family service coordinator assisted a child in foster care to gain a child advocate when parent's legal rights had been severed by the courts."

"The family service coordinator, as part of the evaluation and IFSP process, has arranged for interpreters, communicating with county health department and medical providers along with assisting for financial support for medical trips for a non-English speaking family with 3 eligible children."

? Family surveys sent out as part of the annual LICC self-assessment process reported the following related to service coordination:

Table 1: Family satisfaction with Family Service Coordinator

Statement:	99-00		00-01		01-02	
	Mothers n=414	Fathers n=336	Mothers n=548	Fathers n=447	Mothers N=653	Fathers N=500
"My family's service coordinator has been helpful to me".	94%	91%	92%	90%	93%	92%

? **As reported in the Family-centered Practices section, p. 7, the KEILS asked families a series of questions about the nature of help provided to them through early intervention. Several indicators demonstrated the early intervention programs are providing families with many different kind of assistance and that for the most part, the assistance appears to match with what families perceive they need. Families are very pleased with the services being provided and see them as making a difference for the family.**

? In addition, as reported in CE.II, the referrals, evaluations, eligibility determinations and IFSP development are taking place in a timely manner.

? Families interviewed during the on-site visit of the program review process are asked about their experiences with their family service coordinator. There have been no exceptions noted on site visit reports regarding the availability or effectiveness of their family service coordinator.

Strengths:

? There are sufficient numbers of family services coordinators for the eligible 0-3 population in KS.

?Interviews with family service coordinators during on-site monitoring visits indicates a large amount of activities are taking place to assist families with their identified needs.

? Descriptions of the family service coordination activities conducted in the local early intervention networks is consistent with both federal and state requirements.

? Families have indicated consistently over the past three years, their family service coordinator has been helpful to them.

?Preliminary results of the KEILS report families are pleased with the services they have received and it is making a difference for the family.

Concerns:

? There is confusion in the field over the differences in the roles of the family service coordinator and the therapist/interventionist.

? Documentation for Family Service Coordination outcomes and activities does not appear consistently on IFSPs, making it difficult to determine staff development and personnel needs. This is a state-wide issue.

? Training and technical assistance for family service coordinator's is available, but on an as-needed basis.

Conclusions:

The committee believes the family service coordination system in KS does assist families to receive timely early intervention services in natural environments. There are concerns regarding the confusion in understanding the difference in the roles of a family service coordinator and a therapist/interventionist. There is insufficient documentation on IFSPs to assist in identification of training and personnel needs.

Rating: Overall Cluster Rating = Meets Requirement

Indicator Rating:

[ ] Strength [x] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

Early Intervention Services in Natural Environments	
CE.II	Does the evaluation and assessment of child and family needs lead to identification of all child needs, as well as all family needs, related to enhancing the development of the child?

Data Sources:

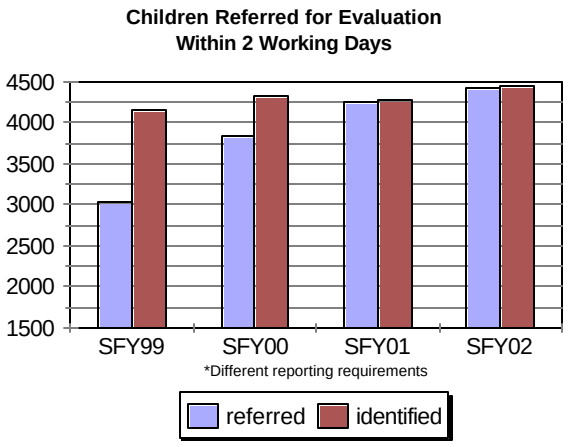
Local early intervention network Semi-annual reports (SAR)
LICC self-assessments from program review process
Procedure Manual
On-site monitoring reports
Local Part C Coordinator's survey

Data Analysis:

? Information from the SARs from the thirty-seven local Part C early intervention networks indicates the procedures for timely evaluation, IFSP development and delivery of services is occurring in a reasonable amount of time after the child is first identified. As reported in the Public Awareness and Child Find section, the numbers of children referred for evaluations each year continues to increase

? The networks report on the numbers of children referred for evaluation within 2 working days were as follows:

Figure 1:



FY 99 - 3028 (4154* identified) 73%
FY 00 - 3839 (4324* identified) 89%
FY 01 – 4238 (4268 identified) 99%
FY 02 – 4428 (4441 identified) 97%

The compliance with this indicator is difficult to measure. There are a variety of primary referral sources in the communities. It is difficult to assess on a local level if the primary referral sources are following the regulation or not. This data may not be valid.

? Information from the LICC self-assessments indicated success in the following area:

Table 2: Referrals from child find within 2 working days

Statement	FY 98-99	FY 99-00	FY 00-01	FY01-02
Child find activities refer identified children for evaluation within 2 working days.	97%	89%	73%	82%

Again, this data may not be useful because of the difference in the numbers of networks who completed the self-assessments changed from year to year.

? The total numbers of IFSPs developed within the 45 day time line were reported as follows:

Table 3: IFSP Time Lines

Year	Total # of IFSPs developed	# of IFSPs completed within 45 day time line	% of IFSPs developed within 45 day time line
SFY00	2920	2516	85%
SFY01	2358	1954	83%
SFY02	2260	1858	82%

Reasons for not completing the IFSPs within 45 days are tracked through the Semi-annual Reports (SAR) submitted to KDHE by the local early intervention networks. The majority of the reasons concern scheduling conflicts with staff and families; child and/or family being unavailable for various reasons; difficulties in coordination with the foster care system. State staff examine the reasons to look for patterns that may indicate a systems concern. If one is identified, the local early intervention network is asked to address this issue and the results of their actions in the next SAR. Most networks are making a good faith effort to meet this timeline.

? The Procedure Manual (Section VI) provides the requirements for evaluation procedures for children referred to the Part C system.

? The local early intervention networks sign contract assurances that requires the use of qualified personnel to conduct evaluations and provide services.

? Personnel qualifications are reviewed during site visits and exceptions are noted in the site visit team reports. In SFY 99, 00, 01, and 02, of the 12 site visits that were conducted each year, there were no exceptions noted of un-qualified personnel conducting evaluations or providing direct services.

? KDHE contracts with the Assistive Technology for Kansans Project to provide several activities to improve access to and understanding of assistive technology for infants and toddlers with disabilities. Please refer to the Family-Centered Services section, pp. for information about the assistive technology evaluations provided to children in KS.

? LICC self assessments regarding qualified personnel reported success in the following areas:

Table 4: Training and Qualifications of Personnel

Statement	99-00	00-01	01-02
Service providers in our Infant-Toddler Services Network have been trained in developing IFSPs	78%	64%	100%
Qualified personnel as defined in the Procedure Manual provide early intervention services in our agencies	100%	100%	100%
Service providers in our network meet the standards for continuing education experiences as described in the Procedure Manual.	89%	81%	100%
Aides, para-professionals, and other assistants hired by agencies in our network work under supervision of personnel qualified in the appropriate area of expertise	67%	81%	82% 9/11=Success 2/11=Working on it

Reasons for the lower percentage of service providers receiving training in developing IFSPs could be because the survey asks for information about all the providers in the network, not just those that work directly for the Infant-Toddler Program and because not all providers in a network are responsible to develop an IFSP.

? LICC self–assessments regarding the evaluation process report success in the following areas:

Table 5: Multi-disciplinary evaluation process

Statement	99-00	00-01	01-02
The network uses the results of an evaluation by a multi-disciplinary team to determine eligibility for services unless the child has a known or established diagnosis	100%	91%	100%
The team includes at least two professionals from different disciplines and the child's parent(s)	100%	81%	100%
The team includes the profession(s) affiliated with the primary concerns to the child's development	100%	91%	100%
Teams evaluates all areas of the child's development:			
physical -	78%	91%	82%
communication -	100%	100%	100%
social emotional -	100%	100%	100%
adaptive -	100%	100%	100%
cognitive	100%	100%	100%

Family involvement includes participation in all aspects of the evaluation process at the level of the family's choice.	100%	91%	100%
The network schedules and conducts evaluations at different sites, days, and times based on family and provider preferences.	89%	100%	91%
Assessments include: a) a child's abilities as observed by their family members.	89%	100%	100%
Families are included in the planning and conducting of ongoing child assessments.	89%	100%	91%

All areas of development are being assessed at the initial evaluation, with some exceptions in the physical domain. This concern has been tracked through the local program evaluation process and it has been determined this is rated lower because of the difficulty in providing vision, hearing and nutritional assessments in some of the local networks. Or families may refuse this assessment.

Steps have been taken to alleviate this concern including: the development of a nutritional screening checklist developed by state WIC nutritionists for use by early intervention providers and regional trainings regarding it's use; State lead agency support for training of early intervention providers to certify them as qualified to conduct hearing, vision, and Denver II screenings; implementation of universal newborn hearing screening and referral procedures to Part C; State lead agency purchase of photo screeners as a pilot project for local early intervention networks to work in conjunction with local optometrists or ophthalmologists in vision screening. This project has been expanded to work with local Lion's Clubs in the purchase and support of the photo screener's use in the communities; regional training and technical assistance about state-of-the-art techniques for vision screening for infants and toddlers through a project at the Kansas University Center for Developmental Disabilities (formerly KUAP); continued monitoring of this concern during on-site program reviews and technical assistance provided if needed.

? The May 2002 local Part C Coordinator's survey asked them to describe how family and child needs are identified in the networks. Many of the responses indicated use of family needs assessments, interest surveys, checklists, interviews, monthly contacts, and informal discussion. For children, parent reports, review of medical and other appropriate records, routine-based assessments and evaluations, and observations were indicated

Strengths:

? Referral, assessment, evaluation and IFSP development are being completed in a timely manner.

? Monitoring takes place in those areas where providing services in a timely fashion is a concern. The concern is addressed in the improvement plan and the progress on the plan is monitored through SARs and future on-site monitoring. (See GS1.c)

?Families are included as part of the team in the IFSP process.

? Qualified professionals are conducting multi-disciplinary evaluations in all areas of development.

? Qualified professionals are providing early intervention services.

?A variety of assessment tools are used to identify needs.

?Evaluations to determine assistive technology needs of young children are available throughout the state.

?Photo screener pilot project and expansion.

?Implementation of universal newborn hearing screening in KS.

Concerns:

?The data regarding referrals being made in 2 working days is not reliable.

?Hearing, vision and nutritional assessments are not always obtained as part of the initial multi-disciplinary evaluation of a child.

? There has been a decline in the percentage of LICCs who report their service providers have been trained in the IFSP development process.

Conclusions:

The committee believes the evaluation and assessments being conducted in KS at this time are identifying child and family needs. There has been an effort by KDHE to increase the early intervention networks' capacity to carry out the physical assessments needed by referred children. And families are reporting their needs are being met. (See CEIII.b) Further clarification about training in the development of IFSPs needs to be obtained.

Rating: Overall Cluster Rating = Strength

Indicator Rating:

[x] Strength [ ] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

Early Intervention Services in Natural Environments	
CE.III	Are appropriate early intervention services in natural environments and informal supports meeting the unique needs of eligible infants and toddlers and their families?
CE.IIIa	What percentage of children are receiving age-appropriate services primarily in home, community-based settings, and in programs designed for typically developing peers?

Data Sources:

Federal Part C data tables
KS Early Intervention Longitudinal Study
LICC self-assessments from program review process

Data Analysis:

? Kansas Infant-Toddler Services continues to provide services in the child and family's natural environments, as defined and described in federal regulation. The December 1, 2000 and 2001 Federal Data Report, Table 2, indicates the location for the delivery of the majority of early intervention services is the home. The percentage of children receiving services in a program designed for children with developmental delays or disabilities has decreased over the past 2 years.

Table 6: Location of early intervention services

PROGRAM SETTING	2000 #	2000 %	2001 #	2001 %
Program designed for children with developmental delays or disabilities	162	6.52%	113	4.1%
Program designed for typically developing children	150	6.04%	224	8.1%
Home	2042	82.17%	2263	83%
Hospital	3	0.12%	0	0
Residential Facility	1	0.04%	0	0
Service Provider Location	81	3.26%	100	4%
Other Settings	46	1.85%	38	1.3%
Total	2485		2738	

This report is analyzed by state KDHE staff to determine concerns, in individual networks, in which services are not being delivered in natural environments. This is also reported to the on-site monitoring team during program evaluation. Team members review IFSPs of children not being served in natural environments to determine if there is appropriate justification for this action. If not, this is reported as a finding. These networks also are targeted for technical assistance and training regarding natural environments.

Several networks have re-structured their service delivery systems to enhance their ability to provide services in natural environments as a result of these activities

? The KEILS also validates this information. 90% of families reported receiving their services at home. (Services can be at more than one location).

Figure 3:

Location of early intervention services	***Percent***	***Number***
Home	***90.8***	***N=276***
Center-based program	17.7	N=274
Services elsewhere	3.7	N=275

? LICC's report the following from their self-assessments regarding service delivery in natural environments:

Table 7: Services in Natural Environments

Statement:	**99-00**	**00-01 (11 networks)**	**01-02 (11 networks)**
"IFSP's include a statement of the child's natural environment where services will be delivered or why they cannot be delivered in that environment."	89%	82%	91%
"Services are provided in settings natural to young children and their families including:			
Homes	100%	100%	100%
Child care settings	100%	100%	100%
Other settings where children without disabilities are served	89%	82%	100%
"Early intervention services utilize strategies that can be included in the everyday routines of families and children."	89%	73%	82%

IFSP's are reviewed as part of the on-site monitoring and as part of the Semi-annual report (SAR) to KDHE. Location of services and statements regarding the natural environments are reviewed. If a statement is not found on the IFSP form, or if there is no justification for the services to not be delivered in a natural environment, this is reported as a finding. Networks are asked to make revisions to their forms and provided technical assistance and training if needed.

Training and technical assistance has been provided surrounding the topic of "routines-based interventions". A seven hour training, available to all early intervention networks in Kansas, titled " Support Based Practices in Early Intervention" was presented by Robin McWilliam from Frank Porter Graham Child Development Center in October, 2001. All local early intervention networks were encouraged to bring a team of 4-5 service providers and

parents. Several networks contracted with Dr. McWilliam separately to continue consultation in this area. There have been 3 technical assistance plans developed through KITS surrounding this topic. Further evaluation of the results of this effort is needed.

? Family surveys as part of the LICC self-assessment process report the following:

Table 8: Family Report on Service Delivery in Natural Environments

Statement	99-00		00-01		01-02	
	Mothers N=414	Fathers N=336	Mothers N=548	Fathers N=447	Mothers N=653	Fathers N=500
"My child receives services in settings with other children his or her age who do not have a disability."	33%	33%	77%	75%	32%	32%
"My child's service providers have worked to help my child have a chance to play with other children his/her age who do not have a disability."	42%	43%	39%	41%	42%	31%

Each year twelve different networks complete the LICC survey. In 00-01, there was an increase in family report of the services being received in settings with other children his or her age who do not have a disability. In 01-02 a number comparable to the 99-00 data was reported.

Strengths:

? Over 90% of children are receiving services in home, community-based settings and in programs designed for typically developing children.

?Locations of services are tracked for individual networks, concerns identified and training and technical assistance provided for services to be delivered in natural environments.

?There was an increase in family report of the services being received in settings with other children his or her age who do not have a disability in 00-01, which reflects some networks are progressing in this area.

Concerns:

? There are a small number of children receiving services in programs designed for children with disabilities.

?Some networks are reporting their IFSP's do not contain a statement of the child's natural environment.

? Less than 35% of mothers/fathers in 99-00 and 01-02 report services being received in settings with other children his or her age who do not have a disability.

Conclusions:

The committee believes services are being provided in natural environments in KS. Most services are provided in homes and, to a lesser extent, community settings. There has been an increase in family report of children receiving services in settings with other children who do not have a disability. But the percentage of families reporting their children have a chance to play with children their own age who do not have a disability has stayed the same. There are some children receiving services in programs designed for children with disabilities. Also, a few networks report their IFSP forms do not contain a statement regarding the child's natural environment. Justifications for these locations and forms are reviewed during on-site monitoring and SAR review. Training and technical assistance is provided as needed. This strategy should be continued.

Rating: Overall Cluster Rating = Meets Requirement

Indicator Rating:

[x] Strength [ ] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

Early Intervention Services in Natural Environments	
CE.III	Are appropriate early intervention services in natural environments and informal supports meeting the unique needs of eligible infants and toddlers and their families?
CE.IIIb.	What percentage of children participating in the Part C program demonstrate improved and sustained functional abilities?

Data Sources:

Family Surveys from local program review process
KS Early Intervention Longitudinal Study (KEILS)
Federal Data Tables

Data Analysis:

? Family surveys sent out as part of the annual LICC self-assessment process reported the following related to services meeting the child's needs:

Table 9: Family Reports of Services Meeting Child Needs

Statement	99-00		00-01		01-02	
	Mothers N=414	**Fathers N=336**	**Mothers N=548**	**Fathers N=447**	**Mothers N=653**	**Fathers N=500**
"The services meet my child's needs".	97%	94%	90%	91%	95%	95%

Families have consistently perceived the services are meeting their needs over the past 3 years. There is a slight decline, however, in 00-01. In 01-02 the numbers increased over 00-01.

? The KEILS has asked for developmental information from participating families upon entry into early intervention. There will be data at the conclusion of the longitudinal study to determine if functional abilities were improved and sustained.

There is data from this study that demonstrates the families' perception of the impact of EI services on their child's development.

Figure 4

Impact of EI services on child's development	***Percent***	***N = 275***
No impact	4.3	
Some impact	34.8	
A lot of impact	48.6	
Too soon to tell	12.3	

? Data regarding the status of children exiting the Infant-Toddler Services Program has been collected since 1999. The following chart illustrates the status of children who exit the Part C program prior to age 3 or were not eligible for Part B. This can be interpreted as those children have improved or sustained functioning abilities and no longer require early intervention services. The percentage of children who have completed their IFSPs prior to the age of 3 continues to increase each year.

Table 10: Exit Status of Eligible Children

Exit status	1999-# n = 1736	1999 - %	2000# n = 1893	2000 - %	2001-# n = 2108	2001 - %
Completion of IFSP prior to age 3	283	16%	347	18%	436	21%
Exit to other programs, not eligible for Part B	73	4%	57	3%	65	3%
Exit with no referrals, not Part B eligible	41	2.3%	54	3%	52	2%

? The LICC's report through their self-assessments the following concerning meeting child and family outcomes:

Table 11: Progress in Meeting Child and Family Outcomes

Statement	99-00	00-01	01-02
"Our services result in progress toward meeting child and family outcomes and are documented in the IFSP."	100%	100%	91%

Strengths:

?The percentage of children who have completed their IFSPs prior to the age of 3 continues to increase each year.

? Families perceive the early intervention services are meeting their needs.

? Almost 50% of families surveyed reported the early intervention services had "a lot of impact" on their child's development.

Concerns:

?There was a decline in 2000-01 in the percentage of families in reporting they believed the early intervention services met their child's needs; however, 2001-2002 showed a slight increase again.

? Currently, there is no detailed aggregate data directly available from the IFSP about the improved or sustained functioning of children. There is only self-reports from the local early intervention networks.

Conclusions:

The committee believes the available data does indicate some children are improving or sustaining their functional abilities. There could be further tracking and monitoring of this item for more complete information. The method by which networks use data to substantiate the statement “Our services result in progress toward meeting child and family outcomes and are documented in the IFSP” should be analyzed by KDHE.

Rating: Overall Cluster Rating = Meets Requirement

Indicator Rating:

[ ] Strength [x] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

Early Intervention Services in Natural Environments	
CE.III	Are appropriate early intervention services in natural environments and informal supports meeting the unique needs of eligible infants and toddlers and their families?
CE.IIIc.	What percentage of children and their families receive all the service identified on their IFSP?

Data Sources:

Family surveys from local program review process
LICC self-assessments from local program review process
KS Early Intervention Longitudinal Study (KEILS)

Data Analysis:

? Family surveys sent out as part of the local program review process reported the following related to children receiving all the services identified on their IFSP:

Table 13: Family Satisfaction with EI Program

Statement	99-00		00-01		01-02	
	Mothers N=414	**Fathers N=336**	**Mothers N=548**	**Fathers N=447**	**Mothers N=653**	**Fathers N=500**
"My child's early intervention program includes what's important to me".	96%	94%	93%	94%	97%	92%

A high percentage of families have reported over the last three years, their services include what's important to them.

? The KEILS has asked from participating families upon entry into early intervention if there were services their child needed but were not receiving.

Figure 5

Services child needs but not getting	**Percent**	**N = 262**
Yes	12.0	
No	88.0	

Most families feel they are getting the services their child needs.

? There have been no formal complaints that have proceeded to mediation or due process for Infant-Toddler Services. Most concerns or complaints are handled at the local level and if they are forwarded to state staff, they have been resolved before needing formal due process proceedings. (See GS1b., page 1).

Strengths:

?A high percentage of families reported over the last three years, their services include what's important to them.

?Most families feel they are getting the services their child needs.

?There have been no formal complaints that have proceeded to mediation or due process.

Concerns:

? Data regarding the provision of all services identified on a child's IFSP is not aggregated nor reported on the state level.

?Only half of LICCs reporting indicated all services specified on a child's IFSP are being provided in a timely manner.

Conclusions:

The committee believes there is not sufficient data available to make a conclusion about this indicator. There does need to be further investigation into the relationship of the roles and responsibilities of the family service coordinator to whether or not all services specified on a child's IFSP are being provided in a timely manner.

Rating: Overall Cluster Rating = Meets Requirement

Indicator Rating:

[ ] Strength [x] Meets Requirement [ ] Needs Improvement [ ] Non Compliant

Early Childhood Transition	
C/BT.1	Do all children exiting Part C receive the services they need by their third birthday?
C/BT.1a	Are all children eligible for Part B services receiving special education and related services by their third birthday?

Data Sources:

Federal Data Tables
Local Part C Coordinator's survey
Self-Assessment Public Forum Report
State-wide transition training survey
Local early intervention network Semi-annual Reports (SAR)
Local early intervention program review process
KSDE local education agencies' monitoring reports

Data Analysis:

? Data regarding the status of children exiting the Infant-Toddler Services Program has been collected since 1999. The following chart illustrates the status of children who exit the Part C program for the past three fiscal years. In 2001, over half the children who exited Part C were referred to Part B or to other community services. A small percentage exit to other programs, are not determined eligible or exit with no referrals.

Table 1: Comparison of Exit Status of Part C Eligible Children

Exit status	1999-# n = 1736	1999 - %	2000# n = 1893	2000 - %	2001-# n = 2108	2001 - %
Completion of IFSP prior to age 3	283	16%	347	18%	436	21%
Part B eligible	948	57%	993	52%	1067	51%
Exit to other programs, not eligible for Part B	73	4%	57	3%	65	3%
Exit with no referrals, not Part B eligible	41	2.3%	54	3%	52	2%
Part B eligibility not determined	21	1.2%	21	1.1%	13	<1%
Deceased	18	1%	25	1.3%	30	1%
Moved out of state	199	11%	199	10.5%	216	10%
Withdrawal by parent	95	5.4%	126	6.6%	160	8%
Attempts to contact unsuccessful	58	3.3%	71	3.7%	69	3%

? At this time, there is no formal data collection on the number of refusals for referral to Part B. Part C Coordinators responded through a survey in May 2002 about the numbers of refusals and the reasons. Most networks, on average, experience less than 4 refusals/year. The reasons given by parents for not wanting a referral to Part B include: wish to home school; do not believe the concern warrants further intervention; do not want their child to be identified as "special education" and pursues therapies privately; disagrees with placement options; does not want their child to ride the bus; etc.

? A survey of the local Part C Coordinators completed in May 2002, asked if IEP/IFSPs were implemented for eligible children by their third birthday. 32/37 networks responded and of those networks, 27 or 84% said yes and 5 or 16% said no. Scheduling problems and summer birthdays were the most numerous reasons given for an eligible child that did not have an IEP/IFSP by their third birthday (whose parents did not refuse a referral).

? State Part B personnel include as part of their on-site monitoring process of Local Education Agencies (LEAs), a review of sample IFSP/IEPs for children who have made the transition from Part C to Part B within the last six months. The review is to determine: 1) Was there an IEP/IFSP at age three? 2) Did Part B personnel participate in the transition planning meeting? 3) Were services identified on the Part C IFSP continued on the Part B IEP/IFSP? and 4) In what locations are the Part B IEP/IFSP services being delivered?

Analysis of individual site visit checklists indicated that in general, citations occurred for two reasons: In some situations, the IEP/IFSP was not in place by the 3rd birthday. Second, when an IFSP was used instead of an IEP, the file did not always contain documentation that the parents were provided an explanation of the difference between an IEP and an IFSP, and no parent consent to use an IFSP was found. In a few cases, there was no Part B consent for services.

During the Part B monitoring site visits for the 2000-01 school year, findings for the age 3 transition indicator, which has the 4 subparts indicated, were as follows:

District	# of Files w/Findings	# Reviewed	% w/Findings
DeSoto	0	26	0
Wichita	1	52	1.9
Garden City	4	55	7.3
Cowley County	3	37	8.1
Wyandotte County	4	63	6.3
Topeka	4	53	7.5
Tri-County	4	47	8.5
Brown County	2	20	10
KS School for the Deaf	0	143	0
TOTAL	22	516	4.2

During site visits for the 2001-2002 school year, findings for this transition indicator were as follows:

District	# of Files w/Findings	# Reviewed	% w/Findings
Blue Valley	0	63	0
Southeast KS Sped Coop	1	47	2.1
Flint Hills Sped Coop	1	51	2.0
Ottawa	1	52	1.9
Kaw Valley	2	30	6.7
Wellington	0	25	0
Silver Lake	2	34	5.9
Manhattan	1	81	1.2
Hays	0	50	0
Lawrence	1	54	1.9
Northwest KS Ed Svc Ctr	0	48	0
ANW Coop	0	35	0
Northeast KS Ed Svc Ctr	0	48	0
Reno County	0	28	0
TOTAL	9	662	1.4

Because so few citations were noted during the two years of data collection on this transition indicator, the data would indicate that with few exceptions, children who transition to Part B Preschool services have an IEP/IFSP in place by their 3rd birthday. In some files, documentation was not found for parent permission to use an IFSP instead of an IEP. Using Part B CIM ratings from the Self-Assessments completed by 20 LEAs in the last two years, 10% of the LEAs indicated they need to improve in completing transitions by a child's third birthday.

? The issue of transition, especially for children with summer birthdays and funding arrangements was identified as a training need several years ago. In response, state-wide trainings regarding transitions from Part C to Part B were carried out from April 1998 through September 1999. These trainings were jointly developed through the KDHE, KSDE. CCECDS, and KITS. The three major goals of this effort were to: provide a resource manual; formation of regional support teams who would act as a resource for their community and support other local teams who needed assistance; and the provision of joint team trainings at the local level. Participants in the trainings included Part B and C administrators and service providers, family members and other related community agencies.

Five regional support teams participated in the first transition training and represented the following geographic areas in the state: south-central; northeast-urban; northeast-rural; southeast and western.

Following this initial training of regional support teams, each team hosted a training with seven to eleven teams from their region of the state. The regional support teams continue to be available to provide technical assistance and training on an ongoing basis. Two of the teams

have conducted an additional training in their region. One team continues to have regular "transition meetings" with participants coming together to discuss common concerns or issues. This team also provided a session at the 2001 KDEC conference. To date, 3 local early intervention networks have contacted their team for support in the last year.

An evaluation of the results of all the trainings showed a majority of the 177 participants felt they had gained a better understanding of transition. Two areas that were rated lower included funding arrangements and extended school year. 91% of the respondents indicated they applied the information to their work. 35% indicated they conducted further training to local service providers. 68% indicated there had been improvement in the transition process since the trainings.

? The Semi-annual Report's (SARs) that are completed by the local Part C networks and submitted to the lead agency (KDHE) include copies of IFSPs for review. Networks are requested to submit at least one IFSP that contains a transition plan. These plans are reviewed by state staff to determine if needed components are included on the transition plan and if other requirements for transition have been met. An area of concern identified through these reviews is the transition plans outcomes and objectives are usually not individualized for each child. Standardized checklist formats and outcome statements are commonly seen. Feedback is provided to the networks from state staff regarding the transition plan and monitored through site visits and SARs.

? The Part C on-site visit review as part of the program review process has been strengthened to include more detailed information gathering on the part of the site visitors and in the exit report about the transition process. The local network receiving the site visit is asked to provide access to at least one family that has been through the transition process and specific questions regarding the transition process are asked of service providers. This becomes part of the final report to the local Part C networks. A sample of IFSPs is also reviewed. There was one concern identified that the IFSP/IEP was not developed by the child's third birthday. Another concern identified twice, included families stating there are limited options for location of service after age 3.

? Technical assistance plans, which address transition issues, developed in cooperation with KITS are currently in place in two early intervention networks.

? Further supporting data are highlighted in public input for Question #7, "By the time of the child's third birthday, does the transition process from infant-toddler services to the public school result in timely supports and services for a child and a child's family?" Based on discussions at public meetings and online responses, the Beach Center summarized family perspectives by saying that "the greatest number of the parent participants said, 'yes,' they did find the transition from infant-toddler services to the public school timely, and many reported that they needed to advocate to get timely, quality services. Problems associated with this transition were inappropriate IQ testing, unavailability of local services, inconvenient arrangements, and not being fully informed of options. Only a few reported an untimely transition. Providers agreed, indicating that "the transition process was effective, and for some providers who administer both C and B services at the local level, seamless. Only one provider

described a rocky transition between C and B services. Some participants had concerns, stemming mostly from the different programmatic orientation and philosophies."

Strengths:

?The majority of children eligible for Part B, receive special education when they reach their third birthday.

?Only a small percentage of children (< 3%) exit with no referrals or eligibility not determined.

? A small percentage of parents refuse referrals to Part B services.

?There has been extensive training of both family members and professionals around this topic and follow-up findings indicate the trainings were successful in improving transitions for families.

Concerns:

? Further information is needed concerning those children, who at age 3, exit the program with no referrals or have not had their eligibility determined for Part B.

?Local Part C Coordinator's in five networks indicate IFSPs are not being implemented for every eligible child by their third birthday.

?Further clarification needs to be provided to local early intervention networks and local education agencies regarding funding issues and extended school year in regards to transition and service delivery.

?Transition plans included in IFSPs are not individualized.

Conclusions:

The committee believes the data shows most children who are Part B eligible are receiving special education and related services by their third birthday. However there is data to suggest there are some children that do not have an IEP/IEP by their third birthday. This need will be addressed in the improvement plan. Transition plans are being completed, but not individualized according to each child and family's needs.

Rating: Overall Cluster Rating = Needs Improvement

Indicator Rating:

[ ]Strength [x]Meets Requirement [ ]Needs Improvement [ ]Non Compliant

Early Childhood Transition	
CT.1	Do all children exiting Part C receive the services they need by their third birthday?
CT.1a	Are all children eligible for Part B services receiving special education and related services by their third birthday?

Data Sources:

Federal Data Tables
Local Part C Coordinator's survey
State-wide transition training survey
Local early intervention network Semi-annual Reports (SAR)
Local early intervention program review process
KSDE local education agencies' monitoring reports

Data Analysis:

? Data regarding the status of children exiting the Infant-Toddler Services Program has been collected since 1999. The following chart illustrates the status of children who exit the Part C program for the past three fiscal years. In 2001, over half the children who exited Part C were referred to Part B or to other community services. A small percentage exit to other programs, are not determined eligible or exit with no referrals.

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Withdrawal by parent	95	5.4%	126	6.6%	160	8%
Attempts to contact unsuccessful	58	3.3%	71	3.7%	69	3%

? At this time, there is no data collection on the number of refusals for referral to Part B. Part C Coordinators responded through a survey in May 2002 about the numbers of refusals and the reasons. Most networks, on average, experience less than 4 refusals/year. The reasons given by parents for not wanting a referral to Part B include: wish to home school; do not believe the concern warrants further intervention; do not want their child to be identified as "special education" and pursues therapies privately; disagrees with placement options; does not want their child to ride the bus; etc.

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? State Part B personnel include as part of their on-site monitoring process of Local Education Agencies (LEAs), a review of sample IFSP/IEPs for children who have made the transition from Part C to Part B within the last six months. The review is to determine: 1) Was there an IEP/IFSP at age three? 2) Did Part B personnel participate in the transition planning meeting?; 3) Were services identified on the Part C IFSP continued on the Part B IEP/IFSP?; and 4) In what locations are the Part B IEP/IFSP services being delivered? In SFY 2001, findings were found in seven local education agencies regarding transition issues. The data does not specify in which area the concern was found.

? The issue of transition, especially for children with summer birthdays and funding arrangements was identified as a training need several years ago. In response, state-wide trainings regarding transitions from Part C to Part B were carried out from April 1998 through September 1999. These trainings were jointly developed through the KDHE, KSDE. CCECDS, and KITS. The three major goals of this effort were to: provide a resource manual; formation of regional support teams who would act as a resource for their community and support other local teams who needed assistance; and the provision of joint team trainings at the local level. Participants in the trainings included Part B and C administrators and service providers, family members and other related community agencies.

Five regional support teams participated in the first transition training and represented the following geographic areas in the state: south-central; northeast-urban; northeast-rural; southeast and western.

Following this initial training of regional support teams, each team hosted a training with seven to eleven teams from their region of the state. The regional support teams continue to be available to provide technical assistance and training on an ongoing basis. Two of the teams have conducted an additional training in their region. One team continues to have regular "transition meetings" with participants coming together to discuss common concerns or issues. This team also provided a session at the 2001 KDEC conference. To date, 3 local early intervention networks have contacted their team for support in the last year.

An evaluation of the results of all the trainings showed a majority of the 177 participants felt they had gained a better understanding of transition. Two areas that were rated lower included funding arrangements and extended school year. 91% of the respondents indicated they applied the information to their work. 35% indicated they conducted further training to local service providers. 68% indicated there had been improvement in the transition process since the trainings.

? The Semi-annual Report's (SARs) that are completed by the local Part C networks and submitted to the lead agency (KDHE) include copies of IFSPs for review. Networks are requested to submit at least one IFSP that contains a transition plan. These plans are reviewed by state staff to determine if needed components are included on the transition plan and if other requirements for transition have been met. An area of concern identified through these reviews is the transition plans outcomes and objectives are usually not individualized for each child. Standardized checklist formats and outcome statements are commonly seen. Feedback is provided to the networks from state staff regarding the transition plan and monitored through site visits and SARs.

? The Part C on-site visit review as part of the program review process has been strengthened to include more detailed information gathering on the part of the site visitors and in the exit report about the transition process. The local network receiving the site visit is asked to provide access to at least one family that has been through the transition process and specific questions regarding the transition process are asked of service providers. This becomes part of the final report to the local Part C networks. A sample of IFSPs is also reviewed. There was one concern identified that the IFSP/IEP was not developed by the child's third birthday. Another concern identified twice, included families stating there are limited options for location of service after age 3.

? Technical assistance plans, which address transition issues, developed in cooperation with KITS are currently in place in two early intervention networks.

Strengths:

?The majority of children eligible for Part B, receive special education when they reach their third birthday.

?Only a small percentage of children (< 3%) exit with no referrals or eligibility not determined.

? A small percentage of parents is refusing a referral to Part B services.

?There has been extensive training of both family members and professionals around this topic and follow-up findings indicate the trainings were successful in improving transitions for families.

Concerns:

? Further information is needed concerning those children, who at age 3, exit the program with no referrals or have not had their eligibility determined for Part B.

?Local Part C Coordinator's in five networks indicate IFSPs are not being implemented for every eligible child by their third birthday.

?Further clarification needs to be provided to local early intervention networks and local education agencies regarding funding issues and extended school year in regards to transition and service delivery.

?Part B data concerning this indicator is not specific.

?Transition plans included in IFSPs are not individualized.

Conclusions:

The committee believes the data is not conclusive in determining if all children who are Part B eligible are receiving special education and related services by their third birthday. Part C data indicates most eligible children are receiving Part B services by their third birthday, however there is other data to suggest this is not happening consistently across the state. The data available from the KSDE is not specific enough to assist in making this determination. Transition plans are being completed, but not individualized according to each child and family's needs.

Rating:

[ ]Strength [ ]Meets Requirement [ ]Needs Improvement [ ]Non Compliant

Improvement Strategies:

Early Childhood Transition	
CT1.	Do all children exiting Part C receive the services they need by their third birthday?
CT1.b.	Are all children not eligible for services under Part B receiving other appropriate services by their third birthday?

Data Sources:

Federal data tables
Regional transition training participant surveys
2002 Part C Coordinator's transition survey
LICC self-assessment surveys from program review process

Data Analysis:

? In SFY 01, 3% of the children not eligible for Part B services, but exiting Part C did receive other appropriate services by their third birthday. 2% exited with no referrals. There is no information about the reasons why these children exited with no referrals.

A survey in April 2000, of the participants of the regional transition training, asked if transition planning was occurring for children not eligible for Part B. 50% of the respondents (82/177 respondents) said yes. The comments about where referrals were being made included private pre-schools, Head Start, Parents as Teachers and child-care centers.

One-third of the local early intervention networks indicated in the April 2002 Regional Transition Training participants survey their network had interagency agreements with other agencies such as Head Start, Early Head Start, Parents As Teachers, etc for transition activities.

Follow-up or tracking activities for children who complete the IFSP prior to age 3 were described in this same survey as periodic phone calls; check in appointments; recommend annual screening; provide "Ages and Stages Questionnaire" to families; recommend Parents As Teachers program; information mailed to families regarding community screening events and a annual phone call; "exit" follow-up at periodic intervals for one year after a child leaves the program.

? The local Part C Coordinator's survey of May 2002 asked for information about LICC's activities to increase community options for children with disabilities. Nearly every Coordinator reported some kind of cooperative planning or implementation of services with the Parents As Teacher's Program for community play-groups, parent training and information or provision of services. Communities with Early Head Start programs also described many collaborative activities. Other activities to increase options included; training of child care providers, community planning for Smart Start, Success By Six, Juvenile Justice Authority Early Steps programs; etc.

? The LICC's reported through their annual self-assessment process the following regarding transition planning for children not eligible for Part B:

Statement	00-01
"Our LICC provides community-based transition planning for children who exit Infant-Toddler Services, but are not eligible for Part B preschool services".	36%

In 2000-01, eleven networks completed this self-assessment as part of the program review process. Only 6/11 networks responded to this statement so it is difficult to interpret it's meaning for this indicator, other than some of the networks are completing this activity.

Strengths:

?Local early intervention networks provide follow-up to children who exit the program prior to age 3.

?LICC's are working cooperatively in their communities to provide opportunities for community based services for all young children, including those with disabilities

Concerns:

? The data is limited concerning the appropriateness of services eligible children are receiving after exiting early intervention.

Conclusions:

A small percentage of children, not eligible for Part B, exit early intervention services at age 3 with no referrals. In turn, a larger percentage of children, not eligible for Part B, do exit early intervention services with referrals. The committee believes most children who are not eligible for Part B do receive the appropriate services because of the small number of children reported to not have any referrals, because of the activities of LICC's in trying to increase opportunities in the community for all young children, and the extensive follow-up of children who exit the system before they turn 3.

Rating:

[ ]Strength [ ]Meets Requirement [ ]Needs Improvement [ ]Non Compliant

Improvement Strategies:

Early Childhood Transition	
CT.1	Do all children exiting Part C receive the services they need by their third birthday?
CT.1c.	What is the percentage of children leaving Part C services to Part B services are placed in inclusive preschool or other settings?

Data Sources:

Part B December 1 Federal Data placement table
Local Part C Coordinator's survey
LICC program review process – family interviews
LICC program review process – LICC self-assessments

Data Analysis:

? 19.6% of Part B children, ages 3-5, were being served in inclusive settings in school year 2001-02. There is no data available to determine how many of those children were transitioned from Part C.

? The local Part C Coordinator's survey of May 2002 asked for information about LICC's activities to increase community options for children with disabilities. Nearly every Coordinator reported some kind of cooperative planning or implementation of services with the Parents As Teacher's Program for community play-groups, parent training and information or provision of services. Communities with Early Head Start programs also described many collaborative activities. Other activities to increase options included; training of child care providers, community planning for Smart Start, Success By Six, Juvenile Justice Authority Early Steps programs; etc.

? The Part C site visit review process has been strengthened to include more detailed information gathering on the part of the site visitors and in the exit report about the transition process. The local network receiving the site visit is asked to provide access to at least one family that has been through the transition process and specific questions regarding the transition process are asked of service providers. This becomes part of the final report to the local Part C networks. A sample of IFSPs is also reviewed. There was one concern identified that the IFSP/IEP was not developed by the child's third birthday. Another concern identified twice, included a family stating there are limited options for location of service after age 3.

? The LICC's report through their annual self-assessments the following regarding family choice in the placement of their child after transitioning from the Part C early intervention program:

Table 2: Family Choice in Placement after Transition From Part C

Statement	**00-01**
"All families have a choice in the placement of their children who are transitioning from Part C whether they are eligible for Part B services or not".	45%

Only 6/11 networks responded to this statement. It is difficult to interpret the meaning of a non-response.

Strengths:

? Some children are being served in inclusive settings.

?LICC's are working cooperatively in their communities to provide opportunities for community based services for young children with disabilities.

Concerns:

? The data is not available to determine if these children, who are in inclusive placements, were transitioned from Part C.

?Two families, during Part C on-site monitoring visits, have stated there are limited options for services after their child is transitioned to the Part B program.

Conclusions:

The committee believes there in not sufficient data to draw a conclusion about this indicator. This will be addressed in the improvement strategies.

Rating:

[ ]Strength [ ]Meets Requirement [ ]Needs Improvement [ ]Non Compliant

Improvement Strategies: